

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K18107** (8)
1. Corporation Name
LES MUST DE CARTIER INTERNATIONAL INC.



Principal Place of Business
**550 BILTMORE WAY
STE. #1270
CORAL GABLES FL 33134
US**

Mailing Address
**550 BILTMORE WAY
STE. #1270
CORAL GABLES FL 33134
US**

3. Date Incorporated or Qualified **03/15/1988** 3a. Date of Last Report **02/14/1995**

4. FEI Number **22-2892931** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
24 Zip 25 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
29 Zip 30 Country

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City 85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SRVP <input type="checkbox"/> DELETE	1.1 TITLE	D/P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PARAY, JEAN-MICHAEL	1.2 NAME	BRENAC, Jean-Alain
STREET ADDRESS	550 BILTMORE WAY STE 1270	1.3 STREET ADDRESS	Amberes 9, Col. Juarez
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP	06600 Mexico City, D.F. Mexico
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	VP Finance/Operations <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DESTINO, RALPH	2.2 NAME	Paray, Annie
STREET ADDRESS	653 FIFTH AVENUE	2.3 STREET ADDRESS	550 Biltmore Way, Suite 1270
CITY-ST-ZIP	NEW YORK NY	2.4 CITY-ST-ZIP	Coral Gables, Florida 33134
TITLE	DS <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GORDON, NEAL	3.2 NAME	Meffre, Francois
STREET ADDRESS	2 E 52ND ST.	3.3 STREET ADDRESS	51 rue Francois ler
CITY-ST-ZIP	NEW YORK NY	3.4 CITY-ST-ZIP	75008 Paris, France
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	CRITCHELL, SIMON	4.2 NAME	
STREET ADDRESS	653 FIFTH AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or its receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: _____ **Neal Gordon** 1/24/96 212-446-3730

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (12/95)