

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Mar 11 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # K18107 (8)**  
1. Corporation Name  
**LES MUST DE CARTIER INTERNATIONAL INC.**



Principal Place of Business <b>550 BILTMORE WAY STE. #1270 CORAL GABLES FL 33134 US</b>	Mailing Address <b>550 BILTMORE WAY STE. #1270 CORAL GABLES FL 33134-5730 US</b>
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3. Date Incorporated or Qualified <b>03/15/1988</b>	3a. Date of Last Report <b>03/05/1996</b>
4. FEI Number <b>22-2892931</b>	Applied For <input type="checkbox"/> Not Applicable
6. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling)

12. OFFICERS AND DIRECTORS

TITLE	SRVP	<input type="checkbox"/> DELETE
NAME	PARAY, JEAN-MICHAEL	
STREET ADDRESS	550 BILTMORE WAY STE 1270	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DESTINO, RALPH	
STREET ADDRESS	653 FIFTH AVENUE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	<del>DS</del>	<input checked="" type="checkbox"/> DELETE
NAME	<del>GORDON, NEAL</del>	
STREET ADDRESS	<del>2 E 52ND ST.</del>	
CITY-ST-ZIP	<del>NEW YORK NY</del>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CRITCHELL, SIMON	
STREET ADDRESS	653 FIFTH AVE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	DR	<input type="checkbox"/> DELETE
NAME	BRENAC, JEAN-ALAIN	
STREET ADDRESS	AMBERES 9, COL. JUAREZ	
CITY-ST-ZIP	06600 MEXICO CITY DF	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	PARAY, ANNIE	
STREET ADDRESS	550 BILTMORE WAY, STE 1270	
CITY-ST-ZIP	CORAL GABLES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Christophe Maincourt	
1.3 STREET ADDRESS	550 Biltmore Way, Suite 1270	
1.4 CITY-ST-ZIP	Coral Gables, Florida 33134	
2.1 TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Gary A. Saage	
2.3 STREET ADDRESS	2 Corporate Drive	
2.4 CITY-ST-ZIP	Shelton, Connecticut 06484	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 the 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 if changed, or on an attachment with an address.

SIGNATURE: *Gary A. Saage* Gary A. Saage 1/31/97 203-925-6531  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)