

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

FILED
Feb 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 550 BILTMORE WAY STE. #1270 CORAL GABLES FL 33134 US	Mailing Address 550 BILTMORE WAY STE. #1270 CORAL GABLES FL 33134 US
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DO NOT WRITE IN THIS SPACE

21 2. Principal Place of Business	26 2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
Zip	Zip
23 Country	28 Country
24	29
25	30

3. Date Incorporated or Qualified
03/15/1988

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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

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 fee if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SRVP	1.1 TITLE	S
NAME	PARAY, JEAN-MICHAEL	1.2 NAME	Saage, Gary A.
STREET ADDRESS	550 BILTMORE WAY STE 1270	1.3 STREET ADDRESS	3 Enterprise Drive
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP	Shelton, Connecticut 06484
TITLE	D	2.1 TITLE	
NAME	DESTINO, RALPH	2.2 NAME	
STREET ADDRESS	653 FIFTH AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	
NAME	MAINCOURT, CHRISTOPHE	3.2 NAME	
STREET ADDRESS	550 BILTMORE WAY, SUITE 1270	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	3.4 CITY-ST-ZIP	
TITLE	D	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	D	5.1 TITLE	
NAME	BRENAC, JEAN-ALAIN	5.2 NAME	
STREET ADDRESS	AMBERES 9, COL. JUAREZ	5.3 STREET ADDRESS	
CITY-ST-ZIP	06600 MEXICO CITY DF	5.4 CITY-ST-ZIP	
TITLE	VP	6.1 TITLE	
NAME	PARAY, ANNIE	6.2 NAME	
STREET ADDRESS	550 BILTMORE WAY, STE 1270	6.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	6.4 CITY-ST-ZIP	

14. I 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: *[Signature]* **Gary A. Saage** **2/2/98** **212-446-3730**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0122207

CR2E034 (10/97)