

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

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FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90217 003 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # K18107
 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 |
|--|--|

DO NOT WRITE IN THIS SPACE

| | | | | | | |
|---|--|---|--|---|--|--|
| 2. Principal Place of Business 21 550 Biltmore Way Suite, Apt. #, etc. 22 Penthouse 1 City & State 23 Coral Gables, FL 33134 Zip Country 24 25 USA | 2a. Mailing Address 26 550 Biltmore Way Suite, Apt. #, etc. 27 Penthouse 1 City & State 28 Coral Gables, FL 33134 Zip Country 29 30 USA | 3. Date Incorporated or Qualified 03/15/1988 | 4. FEI Number 22-2892931 Applied For Not Applicable | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> 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 | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | 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 | | |
|----------------------------|------------------------------|--|
| TITLE | SRVP | <input checked="" 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 | P | <input type="checkbox"/> DELETE |
| NAME | MAINCOURT, CHRISTOPHE | |
| STREET ADDRESS | 550 BILTMORE WAY, SUITE 1270 | |
| CITY-ST-ZIP | CORAL GABLES FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | CRITCHELL, SIMON | |
| STREET ADDRESS | 653 FIFTH AVE | |
| CITY-ST-ZIP | NEW YORK NY | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | BRENAC, JEAN-ALAIN | |
| STREET ADDRESS | AMBERES 9, COL. JUAREZ | |
| CITY-ST-ZIP | 06800 MEXICO CITY DF | |
| TITLE | VP | <input checked="" 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 | S | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | Gary A. Saage, Jr. | |
| 1.3 STREET ADDRESS | 3 Enterprise Drive | |
| 1.4 CITY-ST-ZIP | Shelton, Conn. 06484 | |
| 2.1 TITLE | AVP Finance & Operations | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | Michael J. Thorpe | |
| 2.3 STREET ADDRESS | 550 Biltmore Way, Penthouse 1 | |
| 2.4 CITY-ST-ZIP | Coral Gables, Florida | |
| 3.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | Gerard Djaoui | |
| 3.3 STREET ADDRESS | 51 rue Pierre Charron | |
| 3.4 CITY-ST-ZIP | 75008 Paris, France | |
| 4.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | Francois Meffre | |
| 4.3 STREET ADDRESS | 6 bd James-Fazy | |
| 4.4 CITY-ST-ZIP | 1201 Geneva, Switzerland | |
| 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 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, with all other like empowered.

SIGNATURE:  3/1/99 203-925-6531
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Gary A. Saage, Jr. Date Daytime Phone #

CR2E034 (11/98)