FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 17 PM 1:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K49055 (2)

1. Corporation Name
PARK LAKE FRENCH TELEVISION INC.

Principal Place of Business	Mailing Address
C/O RINA LAFRAMBOISE BENOIT 303 LAKE SHORE DR. PEMBROKE PARK FL 33009	C/O RINA LAFRAMBOISE BENOIT 303 LAKE SHORE DR. PEMBROKE PARK FL 33009

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/29/1988
3a. Date of Last Report: 04/15/1994

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

4. FEI Number: NOT APPLICABLE ☐ 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

9. Name and Address of Current Registered Agent

LAFRAMBOISE BENOIT, RINA M.
303 LAKE SHORE DR.
PEMBROKE PARK FL 33009

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DT	1.1 TITLE	XX Change ☐ Addition
NAME	AUMAIS, IRENE	1.2 NAME	EDMUND O'NEIL
STREET ADDRESS	205 E LAKE SHORE DR	1.3 STREET ADDRESS	132 Marine Court
CITY-ST-ZIP	PEMBROKE PARK FL	1.4 CITY-ST-ZIP	Pembroke Park, Fl 33009
TITLE	DV	2.1 TITLE	☐ Change ☐ Addition
NAME	LEO NOEL	2.2 NAME	
STREET ADDRESS	317 LAKE SHORE DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PARK FL	2.4 CITY-ST-ZIP	
TITLE	DS	3.1 TITLE	☐ Change ☐ Addition
NAME	LAFRAMBOISE, RINA	3.2 NAME	
STREET ADDRESS	303 LAKE SHORE DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PARK FL	3.4 CITY-ST-ZIP	
TITLE	DP	4.1 TITLE	☐ Change ☐ Addition
NAME	CAMILLE D BOIVIN	4.2 NAME	
STREET ADDRESS	122 N LAKE SHORE DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PARK FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	BELANGER, GUY	5.2 NAME	
STREET ADDRESS	113 NORTH LAKE SHORE DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PARK FL 33009	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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)(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: RINA LAFRAMBOISE BENOIT Rina Laframboise Benoit April 15t 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

04F037 FP