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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 10 PM 12:24

DOCUMENT # **L30921** **(5)**

1. Corporation Name
DUCS DE FRANCE, INC.

Principal Place of Business	Mailing Address
% ELIZABETH BOUCHARD 766 RUE DESCHENES BELOEIL ~~2UE~~ QC	% ELIZABETH BOUCHARD 766 RUE DESCHENES BELOEIL ~~2UE~~ QC

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/21/1989
3a. Date of Last Report: 02/22/1994

2. Principal Place of Business	2a. Mailing Address
21 Ducs de France	26 Ducs de France
Suite, Apt. #, etc. 22 356 Andalusia Ave	Suite, Apt. #, etc. 27 Andalusia Ave
City & State 23 Coral Gables Fl	City & State 28 Coral Gables Fl
Zip / Country 24 33134 / 25 Dade	Zip / Country 29 33134 / 30 Dade

4. FEI Number: 65-0155395 ☐ 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	10. Name and Address of New Registered Agent
RUSSO, LAURA L C/O RUSSO & BAKER, P.A. 4875 PONCE DE LEON BLVD. #301 CORAL GABLES FL 33146	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	V	11 TITLE	P, V.D.	☐ Change ☒ Addition
NAME	BOUCHARD, ELIZABETH	12 NAME	BOUCHARD ELIZABETH	
STREET ADDRESS	766 RUE DESCHENES	13 STREET ADDRESS	766 RUE DESCHENES	
CITY-ST-ZIP	BELOEIL 2UE', CANADA	14 CITY-ST-ZIP	QUEBEC CANADA J3G2J2	
TITLE	ST	21 TITLE	ST D	☐ Change ☒ Addition
NAME	PECSI, ILONA	22 NAME	PECSI ILONA	
STREET ADDRESS	7450 S.W. 82 AVE	23 STREET ADDRESS	7450 SW. 82 Ave	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	MIAMI Fl	
TITLE	D	31 TITLE	D	☐ Change ☐ Addition
NAME	DOYLE, ANDREE	32 NAME	DOYLE ANDREE	
STREET ADDRESS	APTADO 6 3665 EL DORADO	33 STREET ADDRESS	APTADO 6 3665 EL DORADO	
CITY-ST-ZIP	PANAMA RP	34 CITY-ST-ZIP	PANAMA RP OF PANAMA	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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: ILONA PECSI Ilona Pecsi 9/22/95 (305)598-3972
Signature and name of officer or director of corporation or receiver or trustee — Date — Daytime Telephone Number