

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L30921

1. Corporation Name

DUCS DE FRANCE, INC.

Principal Place of Business

DUCS DE FRANCE  
272 VALENCIA AVEE  
CORAL GABLES FL 33134  
US

Mailing Address

DUCS DE FRANCE  
272 VALENCIA AVEE  
CORAL GABLES FL 33134  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

9. Name and Address of Current Registered Agent

RUSSO, LAURA L  
C/O RUSSO & BAKER, P.A.  
4675 PONCE DE LEON BLVD. #301  
CORAL GABLES FL 33146

3. Date Incorporated or Qualified

11/21/1989

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 owes the current year Intangible  
Personal Property Tax.

Yes No

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME DOYLE, ANDREE  
STREET ADDRESS 700 BILTMORE WAY APT #1210  
CITY-ST-ZIP CORAL GABLES FL 33134

DELETE

TITLE VD  
NAME BOUCHARD, ELIZABETH  
STREET ADDRESS 766 RUE DESCHENES  
CITY-ST-ZIP BELOEIL, J3G 2J2 P.Q. CANADA

DELETE

TITLE STD  
NAME PECSI, ILONA  
STREET ADDRESS 7450 SW 82 AVE  
CITY-ST-ZIP MIAMI FL 33143

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

Change Addition

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

Change Addition

ELIZABETH RIOUX  
1755, RUE MICHEL  
STE-JULIE P.Q.

73E 1K2

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: *Ilona Pecsi* ILONA PECSI  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/99

Date

305 448-6970

Daytime Phone #

FILED  
May 03, 1999 8:00 am  
Secretary of State

05-03-1999 90128 041 \*\*\*\*\*8.75

05-03-1999 90128 042 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (1/98)