

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996 4-30-96 B-4953

DOCUMENT # **L33507** (9)

1. Corporation Name

SERGE REYNART, INC.



Principal Place of Business

2843 SOUTH BAYSHORE DRIVE
3138 COMMODORE PLAZA
COCONUT GROVE FL 33133
US

Mailing Address

2843 SOUTH BAYSHORE DRIVE
3138 COMMODORE PLAZA
COCONUT GROVE FL 33133
US

3. Date Incorporated or Qualified

12/04/1989

3a. Date of Last Report

04/28/1995

4. FEI Number

65-0185074

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

21. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

RENARD, SERGE
2843 SOUTH BAYSHORE DRIVE
COCONUT GROVE FL 33133

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 607.0508, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent

(If FEI Registered Agent, signature is required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE: D
NAME: RENARD, SERGE
STREET ADDRESS: 2843 S BAYSHORE DRIVE
CITY-ST-ZIP: COCONUT GROVE FL

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

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

11 TITLE: Change Addition

12 NAME: Change Addition

13 STREET ADDRESS: Change Addition

14 CITY-ST-ZIP: Change Addition

21 TITLE: Change Addition

22 NAME: Change Addition

23 STREET ADDRESS: Change Addition

24 CITY-ST-ZIP: Change Addition

31 TITLE: Change Addition

32 NAME: Change Addition

33 STREET ADDRESS: Change Addition

34 CITY-ST-ZIP: Change Addition

41 TITLE: Change Addition

42 NAME: Change Addition

43 STREET ADDRESS: Change Addition

44 CITY-ST-ZIP: Change Addition

51 TITLE: Change Addition

52 NAME: Change Addition

53 STREET ADDRESS: Change Addition

54 CITY-ST-ZIP: Change Addition

61 TITLE: Change Addition

62 NAME: Change Addition

63 STREET ADDRESS: Change Addition

64 CITY-ST-ZIP: Change Addition

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)(k), 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: *Serge Renard*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)