

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L36177** (8)

1. Corporation Name

MADE IN FRANCE, INC.



Principal Place of Business

**331 PLAZA REAL
MIZNER PARK
BOCA RATON FL 33432**

Mailing Address

**331 PLAZA REAL
MIZNER PARK
BOCA RATON FL 33432**

3. Date Incorporated or Qualified

12/14/1989

3a. Date of Last Report

04/24/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**BERMAN, BERNARD
888 SOUTH ANDREWS AVENUE
SUITE 203-B
FORT LAUDERDALE FL 33316**

10. Name and Address of New Registered Agent

81 Name

Robert G. Harris

82 Street Address (P.O. Box Number is Not Acceptable)

6100 Glades Road, Suite 201

83

84

City **Boca Raton**

FL

85

Zip Code **33434**

11. Pursuant to the provisions of Sections 607.0602 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 607.0503, Florida Statutes.

SIGNATURE

Robert G. Harris

4/10/96

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **AHRONOVITZ, GABRIEL**
STREET ADDRESS **7744 TRAVELERS TREE DR.**
CITY-STATE-ZIP **BOCA RATON FL**

TITLE **ST** ☐ DELETE
NAME **AHRONOVITZ, GAY**
STREET ADDRESS **7744 TRAVELERS TREE DR.**
CITY-STATE-ZIP **BOCA RATON FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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)(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:

Gay Ahrohovitz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/96 *4073170772*
Date Time Phone #

CR2E034 (12/95)