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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

(7)

THE F	RENCH CONNECTION IMP	PORTS INC.		 	818H 818H 818H 818H 818H 188H
Principal Plan	on of Business	Mailing Address			Q
Principal Place of Business Mailing Address # E. ALEXANDER 18727 W DIXIE HWY N MIAMI BEACH FL 33180 N MIAMI BEACH FL 33180			XO	DO NOT WRITE IN TH	
				3. Date Incorporated or Qualified	
9 Principal C	Place of Business	2a. Mailing Address		12/29/1989 4. FEI Number	16
21	Tace of Business	26. Walling Address		65-0186440	Applied For Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22 27			5. Certificate of Status Desired	Fee Required	
City & State City & State			6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	9. Name and Address of Curre		[30]	Personal Property Tax due June 30. 10. Name and Address of New Register	Yes No
		aut wedistelen waeut	81 Name	10. Name and Address of New Hegister	ed Agent
ALEXANDER, E.					
N MIAMI BEACH FL 33180			82 Street Ad	ddress (P.O. Box Number is Not Acceptable)	
"	MINMI BEROTT FE 33100		83		
]				· · · · · · · · · · · · · · · · · · ·	
			84 City	F	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					
40	Signature, typod or printed name of registered ag		Registered Agent signature re	equired when reinstalling) DAT ADDITIONS/CHANGES TO OFFICERS A	·
12.	OFFICERS AF	ND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME	ALEXANDER, E.	L_J OLLET	1.2 NAME	•	C onlinge
STREET ADDRESS	18727 W DIXIE HWY	·	1.3 STREET ADDRESS		
CITY-ST-ZIP	N MIAMI BEACH FL		1.4 CITY+ST-ZIP		['
TITLE	DVS	DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ALEXANDER, HEIDI		2.2 NAME		
STREET ADDRESS	18727 W DIXIE HWY		2.3 STREET ADDRESS		
CITY-ST-ZIP	N. MIAMI BEACH FL		2.4 CITY+ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		Driett	4.4 CITY-ST-ZIP		Channe I Andre
TITLE		DELETE	S.1 TITLE		Change Addition
NAME			5.2 NAME		ļ
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition
TITLE NAME		☐ pereie	6.2 NAME		L. Moundon
STREET ADDRESS			6.3 STREET ADDRESS		
SINCTIMEDIATES	i		And other Lyncheso		

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 of langed, or on an attenument with an address.

SIGNATURE:

CITY-ST-ZIP

FILED

Feb 25 1998 8:00am

Secretary of State