

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

FILED
Apr 07 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # L83696 (9)
1. Corporation Name
DUPUIS ANTIQUES, INC.

Principal Place of Business
6045 N.E. 2ND AVENUE
MIAMI FL 33137

Mailing Address
6045 N.E. 2ND AVENUE
MIAMI FL 33137



DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|---------|---------------------|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 06/26/1990 | |
| 21 | | 26 | | 4. FEI Number 65-0208783 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | Applied For Not Applicable | |
| 22 | | 27 | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| City & State | | City & State | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 23 | | 28 | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Zip | Country | Zip | Country | | |
| 24 | | 29 | | | |

9. Name and Address of Current Registered Agent

TRESCOTT, ROBERT L.
1440 BRICKELL AVENUE
NINTH FLOOR
MIAMI FL 33131

10. Name and Address of New Registered Agent

| | |
|----|-------------------------------------------------------------------------------------|
| 81 | Name |
| 82 | Street Address (P.O. Box Number is Not Acceptable) 2121 Ponce de Leon Blvd. #900 |
| 83 | |
| 84 | City Coral Gables, FL |
| 85 | Zip Code 33134 |

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

OFFICERS AND DIRECTORS

| | | | |
|----------------|----------------------|--|---------------------------------|
| 12. | | | |
| TITLE | D | | <input type="checkbox"/> DELETE |
| NAME | DUPUIS, SUSAN H. | | |
| STREET ADDRESS | 6045 N.E. 2ND AVENUE | | |
| CITY-ST-ZIP | MIAMI FL | | |
| TITLE | | | <input type="checkbox"/> DELETE |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | | <input type="checkbox"/> DELETE |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | | <input type="checkbox"/> DELETE |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | | <input type="checkbox"/> DELETE |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | | |
|--------------------|--|--|-------------------------------------------------------------------|
| 13. | | | |
| 1.1 TITLE | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | | | |
| 1.3 STREET ADDRESS | | | |
| 1.4 CITY-ST-ZIP | | | |
| 2.1 TITLE | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | | |
| 2.3 STREET ADDRESS | | | |
| 2.4 CITY-ST-ZIP | | | |
| 3.1 TITLE | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | | |
| 3.3 STREET ADDRESS | | | |
| 3.4 CITY-ST-ZIP | | | |
| 4.1 TITLE | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | | |
| 4.3 STREET ADDRESS | | | |
| 4.4 CITY-ST-ZIP | | | |
| 5.1 TITLE | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | | |
| 5.3 STREET ADDRESS | | | |
| 5.4 CITY-ST-ZIP | | | |
| 6.1 TITLE | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | | |
| 6.3 STREET ADDRESS | | | |
| 6.4 CITY-ST-ZIP | | | |

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.

SIGNATURE:

Susan H. Dupuis

CR2E034 (10/97)