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

CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # **P26353** 

1. Corporation Name

PREMIERE VUE INC.				
		}		
Principal Place of Business	Mailing Address			
729 WASHINGTON AVENUE MIAMI BEACH FL	729 WASHINGTON AVENUE MIAMI BEACH FL			
		3.		
2. Principal Place of Business	2a. Mailing Address	4.		
21	26			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5.		
22	27			
City & State	City & State	6.		
23	28			

FILED Aug 05, 1999 8:00 am Secretary of State

08-05-1999 90010 020 \*\*\*550.00

Principal Place 729 WASHINGT MIAMI BEACH	ON AVENUE	Mailing Address 729 WASHINGTON AVENUI MIAMI BEACH FL				DO NOT WRITE IN THI	•	
						3. Date incorporated or Qualifed	3 SPACE	
						10/06/1989		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		Applied For
21	· · · · · · · · · · · · · · · · · · ·	26				65-0147102		Not Applica
Suite, Apt:		Suite, Apt. #, etc.				5. Certificate of Status Desired	-	5 Additiona
22	<del></del>	City & State		_		<del> </del>		Required
City & Stat	e	City & State				6. Election Campaign Financing Trust Fund Contribution	•	00 May Be ed to Fees
23 Zip	Country	Zip	Cour	itry		8. This corporation owes the current year		00.0.000
24	25	29	30	.,		Personal Property Tax.	Yes	□No
· <del>**</del> 1	9. Name and Address of C					10. Name and Address of New Registere	d Agent	
	` .			81	Name			
	CORPORATION SYSTEM		Ė	82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	S. PINE ISLAND ROAD		]					
PLA	NTATION FL 33324		)	83				
			f	84	City	F	85	Zip Code
						oration submits this statement for the purpose		ite conintor
agent. I a	egistered agent, or both, in the m familiar with, and accept the Signature, typed or printed name of register	obligations of, Section 607.0505, Flo	rida Statu	tes.	the corporatio	n's board of directors. I hereby accept the app		
12.	<del></del>	RS AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS	AND DIREC	CTORS IN 1:
TITLE	P	☐ DELETE	1.1 100	E			Char	ige 🔲 Add
NAME	BOUVIER, CHRISTIAN		1.2 NA	ИE				
STREET ADDRESS	33 RUE LHOMOND		13 STF	KEET	ADDRESS			
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NAME	BOUVIER, CHRISTIAN		2.2 NA					
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STREET ADDRESS			3.4. CIT					
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NAME			4. 2 NA				-	
STREET ADDRESS	}				ADDRESS			
CITY-ST-ZIP			4.4 CIT	Y-S1	T-ZiP			
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NAME	,		5.2 NA	ec:	ļ			
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			5.4 C/T	REET Y-ST	J			
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CITY-ST-ZIP	.,	() DELETE	6.1 TITU 6.2 NAJ	Y-ST LE VIE	T-ZIP		☐ Char	nge 🗌 Add
CITY-ST-ZIP TITLE		OELETE	6.1 TITU 6.2 NAJ	Y-ST LE WE REET	T-ZIP		☐ Char	ige ∏ Add

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:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER O