

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P32207 (3)

1. Corporation Name
AKILEINE INCORPORATED



Principal Place of Business 20815 NORTHEAST 16TH AVENUE, #17 NORTH MIAMI BEACH FL 33179
Mailing Address 20815 NORTHEAST 16TH AVENUE, #17 NORTH MIAMI BEACH FL 33179

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/19/1990	3a. Date of Last Report 09/06/1995
21 Suite, Apt #, etc	22 City & State	23 Zip	24 Country	4. FEI Number 13-3317790	Applied For <input type="checkbox"/> Not Applicable
25 Country	26 Suite, Apt #, etc	27 City & State	28 Zip	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
29 Country	30 Zip	31 City & State	32 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS ST. SUITE 105 TALLAHASSEE FL 32301				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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent's signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAS, GEORGES	12 NAME	
STREET ADDRESS	17 BL. PRINCE HERED. ALB	13 STREET ADDRESS	
CITY - ST - ZIP	98000 MONACO	14 CITY - ST - ZIP	
TITLE	V	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAS, FRANCOIS	22 NAME	
STREET ADDRESS	17 BL. PRINCE HERED. ALB	23 STREET ADDRESS	
CITY - ST - ZIP	98000 MONACO	24 CITY - ST - ZIP	
TITLE	SD	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LACROIX, PAUL	32 NAME	
STREET ADDRESS	17 BL. PRINCE HERED. ALB	33 STREET ADDRESS	
CITY - ST - ZIP	98000 MONACO	34 CITY - ST - ZIP	
TITLE	VD	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOIR, ANNE-MARIE	42 NAME	
STREET ADDRESS	17 BL. PRINCE HERED. ALB	43 STREET ADDRESS	
CITY - ST - ZIP	98000 MONACO	44 CITY - ST - ZIP	
TITLE	C	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAS, GEORGES	52 NAME	
STREET ADDRESS	17 BL. PRINCE HERED. ALB	53 STREET ADDRESS	
CITY - ST - ZIP	98000 MONACO	54 CITY - ST - ZIP	
TITLE	AS	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEADE, RICHARD C.	62 NAME	
STREET ADDRESS	15 RUE THEODULE RIBOT	63 STREET ADDRESS	
CITY - ST - ZIP	75017 PARIS, FRANCE	64 CITY - ST - ZIP	

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*****225.00**

14. I do hereby certify that the information supplied with this filing is voluntary 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 statement 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 that my name appears in Block 12 or Block 13, and that the information is unchanged, or on an alternate address.

SIGNATURE _____ **OFFICE, OR DIRECTOR** _____ **Date** 6/6/96 **Daytime Phone #** 305 651-4800

CR2E034 (3/96)