FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000054374 (2)

1. Corporation Name

LE RELAIS MIMOSAS, INC.

Principal Place of Business: 455 OCEAN DR, MIAMI BEACH FL 33139

Mailing Address: 455 OCEAN DR, MIAMI BEACH FL 33139

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/03/1993

3a. Date of Last Report: 04/26/1994

4. FEI Number: 65-0425421 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21 — Suite, Apt. #, etc. 22 — City & State 23 — Zip 24 — Country 25

2a. Mailing Address — 26 — Suite, Apt. #, etc. 27 — City & State 28 — Zip 29 — Country 30

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PERLOW, JEFFREY M
% LEVINE GEIGER & PERLOW
1820 E HALLANDALE BEACH BLVD
HALLANDALE FL 33009

10. Name and Address of New Registered Agent

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: Jules Wang — Date: 4/30/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	PRES. ☑ Change ☐ Addition
NAME	WANG, JULES	1.2 NAME	
STREET ADDRESS	455 OCEAN DR	1.3 STREET ADDRESS	SAME
CITY ST ZIP	MIAMI BEACH FL 33139	1.4 CITY ST ZIP	
TITLE	DV	2.1 TITLE	☑ Change ☐ Addition
NAME	KANN, THOMAS	2.2 NAME	GONE
STREET ADDRESS	455 OCEAN DR	2.3 STREET ADDRESS	
CITY ST ZIP	MIAMI BEACH FL 33139	2.4 CITY ST ZIP	
TITLE	DST	3.1 TITLE	☑ Change ☐ Addition
NAME	TOMASELLI, PAUL	3.2 NAME	GONE
STREET ADDRESS	455 OCEAN DR	3.3 STREET ADDRESS	
CITY ST ZIP	MIAMI BEACH FL 33139	3.4 CITY ST ZIP	
TITLE	ST	4.1 TITLE	☑ Change ☐ Addition
NAME	~~WANG,~~ (JULES)	4.2 NAME	WANG, CLIFFORD
STREET ADDRESS	455 OCEAN DR	4.3 STREET ADDRESS	SAME
CITY ST ZIP	MIAMI BEACH FL 33139	4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST 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: Jules Wang — Jules Wang
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0146386 CP