FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

DOCUMENT # P93000079311 (5)

1. Corporate Name

LA MODE INTERNATIONAL, INC.

Principal Place of Business: 220 SUNRISE AVE. SUITE 210 PALM BEACH FL 33480

Mailing Address: 220 SUNRISE AVE. SUITE 210 PALM BEACH FL 33480

FILED ... TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/17/1993

3a. Date of Last Report: 04/29/1994

4. FEI Number: 65-0443795 — Applied For / Not Applicable

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

2. Principal Place of Business 21 ___ 2a. Mailing Address 26 ___

Suite, Apt. #, etc. 22 ___ Suite, Apt. #, etc. 27 ___

City & State 23 ___ City & State 28 ___

Zip 24 ___ Country 25 ___ Zip 29 ___ Country 30 ___

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~MAZZETTI, GIANLUCA~~ ~~2000 PALM BEACH LAKES BLVD~~ ~~SUITE 002~~ ~~WEST PALM BEACH FL 33400~~	81 Name: SYLVIE RIMBAULT MAZZETTI 82 Street Address (P.O. Box Number is Not Acceptable): 220 SUNRISE AVENUE SUITE 210 83 84 City: PALM BEACH FL 85 Zip Code: 33480

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: X SYLVIE RIMBAULT MAZZETTI President [signature] 4/21/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~PVST~~	11 TITLE	PVST ☒ Change ☐ Addition
NAME	~~MAZZETTI, GIANLUCA~~	12 NAME	SYLVIE RIMBAULT MAZZETTI
STREET ADDRESS	~~220 SUNRISE AVENUE SUITE 210~~	13 STREET ADDRESS	220 SUNRISE AVENUE SUITE 210
CITY-ST-ZIP	~~PALM BEACH FL 33480~~	14 CITY-ST-ZIP	PALM BEACH FL 33480
TITLE	~~D~~	21 TITLE	D ☒ Change ☐ Addition
NAME	~~MAZZETTI, GIANLUCA~~	22 NAME	SYLVIE RIMBAULT MAZZETTI
STREET ADDRESS	~~220 SUNRISE AVENUE SUITE 210~~	23 STREET ADDRESS	220 SUNRISE AVENUE SUITE 210
CITY-ST-ZIP	~~PALM BEACH FL 33480~~	24 CITY-ST-ZIP	PALM BEACH FL 33480
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: ~~GIANLUCA MAZZETTI PRESIDENT~~ [signature] 4/21/95 407 835 6986

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

X SYLVIE RIMBAULT MAZZETTI PRESIDENT [signature]

0278104 CP