FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # P93000079311 (5)

1. Corporation 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

3. Date Incorporated or Qualified: 11/17/1993	3a. Date of Last Report: 05/01/1995
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] 326 PERUVIAN AVE	2a. Mailing Address [26] 326 PERUVIAN AVE
[22] Suite, Apt. #, etc. 6	[27] Suite, Apt. #, etc. 6
[23] City & State PALM BEACH FL	[28] City & State PALM BEACH FL
[24] Zip 33480 [25] Country PALM BEACH	[29] Zip 33480 [30] Country PALM BEACH

9. Name and Address of Current Registered Agent

SYLVIE RIMBAULT MAZZETTI
2090 PALM BEACH LAKES BLVD
220 SUNRISE AVENUE SUITE 210
PALM BEACH FL 33480

10. Name and Address of New Registered Agent

[81] Name
[82] Street Address (P.O. Box Number is Not Acceptable) 326 PERUVIAN AVE #6
[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 ______ DATE ______

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PVST	☐ DELETE
NAME	SYLVIE RIMBAULT MAZZETTI	
STREET ADDRESS	220 SUNRISE AVENUE SUITE 210	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	D	☐ DELETE
NAME	SYLVIE RIMBAULT MAZZETTI	
STREET ADDRESS	220 SUNRISE AVENUE SUITE 210	
CITY-ST-ZIP	PALM BEACH FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	326 PERUVIAN AVE #6	
1.4 CITY-ST-ZIP	PALM BEACH, FL 33480	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	* SAME AS ABOVE *	
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: S. Rimbault Mazzetti 5/8/96 835-6986

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

SYLVIE RIMBAULT MAZZETTI