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May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # P94000003911 (2)

1. Corporation Name
KHEOPS GLASS ART INC.

Principal Place of Business	Mailing Address
341 SKYWAY DRIVE EDGEWATER FL 32131	P O BOX NEW SMYRNA BEACH FL 32170 US

3. Date Incorporated or Qualified: 01/18/1994
3a. Date of Last Report: 04/16/1996

2. Principal Place of Business
21: 341 Skyway Drive
Suite, Apt. #, etc.
22: # P
City & State
23: Edgewater
Zip 24: 32132 Country 25: US

2a. Mailing Address
26: P.O. Box 213
Suite, Apt. #, etc.
27:
City & State
28: New Smyrna Beach, FL
Zip 29: 32170 Country 30: US

4. FEI Number: 59-3217467 ☐ 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

9. Name and Address of Current Registered Agent

GEORGES BERNARD
2949 RAGIS RD
EDGWATER FL 32132

10. Name and Address of New Registered Agent

81 Name: Marie-Josee Vaillant
82 Street Address (P.O. Box Number is Not Acceptable): 2969 Ragis Road
83:
84 City: EdgewAter FL 85 Zip Code: 32132

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: Marie-Josee Vaillant MARIE-JOSEE VAILLANT DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BERNARD, GEORGES 2949 RAGIS RD EDGEWATER FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	President Marie-Josee Vaillant 2969 Ragis Road Edgewater, FL 32132	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CHARBONNEAU, MICHEL 585 RANG 8 HAM-NORD P	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VP Georges Bernard 2949 Ragis Road Edgewater, FL 32132	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S VAILLANT, MARIE-JOSEE 2969 RAGIS RD EDGEWATER FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	Secretary Melanie Vaillant 2969 Ragis Road Edgewater, FL 32132	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/96)

14. I do 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.

SIGNATURE: Marie-Josee Vaillant MARIE-JOSEE VAILLANT 904-428-5600