

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

INCORPORATION
 ANNUAL REPORT
 1995



STATE DEPARTMENT OF STATE
 J. Lynn Walker
 Secretary of State
 Tallahassee, Florida

APPROVED
 AND
 FILED

DOCUMENT # **P94000058324 (2)**

95 MAY -1 PM 2:16

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

C'EST LA VIE, INC.

Principal Office Address 5704 CRAINDALE DRIVE ORLANDO FL 32819	Secondary Office Address 5704 CRAINDALE DRIVE ORLANDO FL 32819
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3. Date of Incorporation or Qualification 08/08/1994	3a. Date of Last Report
4. FIC Number 59-3258609	Approved For Not Applicable
5. Certificate of Status Debent <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. This corporation is not subject for ad valorem tax under § 199.005, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Office Location 21 6817 Wilshire Drive - ORLANDO FL 32819	26. Mailing Address 26 CS 17 Wilshire DR ORLANDO FL 32819
22. City & State	27. City & State
23. State	28. State
24. State	29. State
25. State	30. State

9. Name and Address of Current Registered Agent

**PASADAS, JEAN-SIMON
 5704 CRAINDALE DRIVE
 ORLANDO FL 32819**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

11. Pursuant to the provisions of Sections 607.02(2)(b) and 607.15(8), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to principal office in both in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with and consent to the filing of this statement under Florida Statutes.

SIGNATURE: **3.28.95**

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	PASADAS, JEAN-SIMON
STREET ADDRESS	5704 CRAINDALE DRIVE
CITY	ORLANDO FL 32819
TITLE	
NAME	
STREET ADDRESS	
CITY	
TITLE	
NAME	
STREET ADDRESS	
CITY	
TITLE	
NAME	
STREET ADDRESS	
CITY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add New
NAME	
STREET ADDRESS	
CITY	
TITLE	
NAME	
STREET ADDRESS	
CITY	
TITLE	
NAME	
STREET ADDRESS	
CITY	
TITLE	
NAME	
STREET ADDRESS	
CITY	

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 ****200.00 ****200.00**

5-1-95-1-y

14. I, the undersigned, certify that the information supplied on this document is voluntarily furnished and is correct and ready for the records to be filed in accordance with the Florida Statutes. I further certify that the information is true and correct. This information is being provided for the public use of the State of Florida. I understand that the information is being provided for the public use of the State of Florida. I understand that the information is being provided for the public use of the State of Florida.

SIGNATURE: **3 24 95**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON BUSINESS