FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9500008283 (0)

Country

9. Name and Address of Current Registered Agent

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MONIQUE DUPRAY, INC.

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Suite, Apt. #, etc.

SIGNATURE:

City & State

Principal Place of Business	Mailing Address
2860 SOUTH OCEAN BLVD.	2860 SOUTH OCEAN BLVD.
#310	#310
PALM BEACH FL 33480	PALM BEACH FL 33480-5554

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Suite, Apt. #, etc

City & State

FILED
May 08 1997 8:00am
Secretary of State



Yes No

8. This corporation has liability for intangible tax under s. 199.032,

10. Name and Address of New Registered Agent

3a. Date of Last Report

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

0334806

Not Applicable

05/01/1996

3. Date Incorporated or Qualified

02/01/1995

65-0554007

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

Florida Statutes

4. FEI Number

SHABTAI, MONIQUE 2860 S. OCEAN BLVD., #310 PALM BEACH FL 33480			"	82 Street Address (P.O. Box Number is Not Acceptable)				
			82					
1.14	W 25 (0) () E 44 (44		83					
			84	City	85 Zip Code			
			104	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 Signature, typicd or printed name of registered agent and line if applicable (NOTE: Registered Agent signature required when reinstating) DATE Output DATE								
12.	OFFICERS AND DIRECTORS		13.	7 118	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	DELETE	1.1 TITLE		Change Ad	dition		
NAME	SHABTAI, MONIQUE		I.2 NAME					
STREET ADDRESS	2860 SOUTH OCEAN BOULEVARD #310		1.3 STREET ADDRESS]		
CITY-ST-ZIP			1.4 CITY - 9	it-ZIP		13		
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CITY - ST - ZIP			5.4 CITY - S	T-ZIP				
III/E			6.1 TITLE		Change Ad	ldition		
NAME.		1	62 NAME	-				
STREET ADDRESS			6.3 STAEET	ADDRESS		[
CITY-ST-ZIP			6.4 CITY - 5		1 Continue 110 07/00/13 Florida Challes 1 feetbase 29/13 Florida Challes 1			
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 empowers tho execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, op on an attachment with an address.								

Country

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