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 # P95000013607 (3) LAURENT, INC.

FILED Apr 18 1997 8:00am Secretary of State

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Principal Place of E	Business	Mailing Address						
SUITE \$40 BUITE \$40 MIAMI BEACH FL \$3139 US		1500 BAY ROAD SUITE 340 MIAMI BEACH FL 33139-3216 US						
					 Date Incorporated or Qualified 02/17/1995 	ied 3a. Date of Last Report 04/15/1996		
2. Principal Place of Business 21		2a. Mailing Address 26	Fi *		4. FEI Number 65-0559867	Applied For Not Applicable		
Suffe, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State		Election Campaign Financing Trust Fund Contribution	ng \$5.00 May Be Added to Fees			
Zip 24	Country 25	Zip 29	Cour 30	ntry	8. This corporation has liability for in Florida Statutes	ntangible tax un] Yes □ No	der s. 199.032,	
9, Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
PARIS, DIDIER L 1500 BAY ROAD				81 Name	-			
SUITE 34	10	•			ress (P.O. Box Number is Not Acceptab	le) 		
MIAMI BEACH FL 33139				B3				
·				B4 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, typed or printed name of registered agent and title (I applicat-le. (NOTE: Registered Agent signature required when reinstating) DATE								
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12								
TOTAL TO					Change Addition			

PARIS, DIDIER L NAME 1.2 NAME 1500 BAY ROAD APT, 414 STREET ADDRESS 1.3 STREET ADDRESS MIAMI BEACH FL 33139 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ Change DELETE Addition 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELE1E ☐ Change Addition 6.1 TITLE TITLE 62 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

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.