T. 200

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000053693 1. Corporation Name

Principal Place	E'S L'ANTIQUAIRE, LTD., IN	Malling Address						
329 WORTH AVE 329 WORTH AVE					•			
PALM BEACH FL 33480 PALM BEACH FL 33480				DO NOT WRITE IN THIS SPACE				
				3. Date Incorporated or Qualified				
				07/12/1995				
2. Principal P	face of Business	2a. Mailing Address		4, FEI Number		Ар	plied For	
21		26		65-0592784		No	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75		
22		27		3. Coracolo di Salara 200112		Fee Re	quired	
City & Stat	ie	City & State		6. Election Campaign Financing		\$5.00		
23		28		Trust Fund Contribution		Added t	o Fees	1
Zip	Country	- Zip	Country	= 8.=This corporation owes the cur	rent_year.ints	ingible ∐Yes	□No /	1==
24	25	29 3	<u> </u>	Personal Property Tax. 10. Name and Address of New	Registered A			
	9. Name and Address of Current	Registered Agent	81 Name	in individual of the second		<u> </u>		
CRA	NE, ROBERT L		7036	PH R. DUNUILLE				
515 N FLAGLER DR		82 Street Add: 무슨	ress (P.O. Box Number is Not Accept N. FLAGER DR	able) PH C	_ <i>t</i> _			
	THBRIDGE TOWER 1 19TH FLOC)R	83	N. FLAGER DR	111	- 6		
1	ST PALM BEACH FL 33401	•••						
1			84 City	- DOLL BEARL	FL	85 Zip 0	code	
44 Pureuant	to the provisions of Sections 607 0502	and 607 1508 Electric Statutes	the above-named core	T PALM BEACH	purpose of o	hanging its	registered	
office or	to the provisions of Sections 607.0502 egistered agent, or both 17 the State of im familiar with, and accept the obligati	Fjorida. Such change was aut	norized by the corporation	on's board of directors. I hereby acce	pt the appoin	tment as re	gistered	
_		Olis (1, 36capi) 607.9503, Fiolio			4 /5	₹ <i>/┱</i> ₽	ļ	
SIGNATURE	Significate, typed or printed name of registered agent		egistered Agent signature require	ed when reinstating)	DATE	5/7/		8)
_	and 12	and title if applicable. (NOTE: RID DIRECTORS	egistered Agent signature require 13.		DATE	D DIRECTO	RS IN 12	1/98)
SIGNATURE	Significan, typed or printed name of regishered agents OFFICERS ANI	and title if applicable. (NOTE: Re	13.	ed when reinstating)	DATE	5/7/		(11/98)
SIGNATURE.	Signature, typed or printed name of regishered agent OFFICERS ANI	and title if applicable. (NOTE: RID DIRECTORS	13. 1.1 TITLE 1.2 NAME	ed when reinstating)	DATE	D DIRECTO	RS IN 12	034 (11/98)
SIGNATURE.	Significan, typed or privated name of registered agent OFFICERS ANI S DUNVILLE, LYNDA 400 N FLAGLER PH C-6	and title if applicable. (NOTE: RID DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ed when reinstating)	DATE	D DIRECTO	RS IN 12	2E034 (11/98)
SIGNATURE. 12. TITLE NAME	Significate, typed or privated name of regishered agent OFFICERS ANI S DUNVILLE, LYNDA 400 N FLAGLER PH C-6 WEST PALM BCH FL	end title if applicable. PHOTE: RID DIRECTORS	egistered Agent algusture require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ed when reinstating)	DATE	D DIRECTO	RS IN 12	CR2E034 (11/98)
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14. I 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 cettly, that I am an officer or director of the comparation 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, with all other like empowered.

CITY-ST-ZIP

NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3138348000

Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90134 044 ***150.00

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