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FILED
Aug 26 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 # P95000065324 (2)

1. Corporation Name

RAQUETTE SALES INTERNATIONAL, INC.



Principal Place of Business

Mailing Address

1801 CLINT MOORE RD
~~SUITE 200~~ SUITE 200
BOCA RATON FL 33487

1801 CLINT MOORE RD
~~SUITE 200~~ SUITE 200
BOCA RATON FL 33487-2756

3. Date Incorporated or Qualified
08/22/1995

3a. Date of Last Report
03/27/1996

2. Principal Place of Business

21 1801 CLINT MOORE RD
Suite, Apt. #, etc. 200

22 200

23 Boca Raton, FL
City & State

24 33487
Zip

25 Country

2a. Mailing Address

26 1801 CLINT MOORE RD
Suite, Apt. #, etc. 200

27 200

28 Boca Raton, FL
City & State

29 33487
Zip

30 Country

4. FEI Number

65-0605276

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

CODRON, LUCILLE
1801 CLINT MOORE RD
SUITE 200
BOCA RATON FL 33487

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME CODRON, LUCILLE
STREET ADDRESS 4500 NW 24TH TER
CITY-ST-ZIP BOCA RATON FL 33431

TITLE D
NAME CODRON, KEITH
STREET ADDRESS 1 SIROS
CITY-ST-ZIP LAGUNA NIGUEL CA 92677

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

600002279236
-08/28/97--01008--019
***165.00

500002279235
-08/28/97--01008--018
***385.00

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, on an attachment with an address.

SIGNATURE

Lucille Codron

7/23/97

CR2E034 (9/96)