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FILE	NOW: FILING FEE	AFTER MAY 1 IS	\$225.00			
	ROFIT PORATION	FLORIDA DEPAR	TMENT OF STATE			
	AL REPORT	2. 4- 5	. Mortham	. •		
	1996		y of State ORPORATIONS			
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DOCUN	MENT # <b>P950</b> 0	0081530 (4)				
1. Corporation	THATTE					
CLAIR	SOLEIL, INC.			A LABORADO LOS SELECTOS AREAS ARANGO AREAS		
Principal Place of Business Mailing Address				1 19811881 (10 18(0) Q11(1 08(1) 091(1 88(1)	, METAL LOURS PROOF ALEAN LISEL AND FAND	
915 SE 2ND COURT 915 SE 2ND COURT				1		
FORT LAUDERDALE FL 33301 FORT LAUDERDALE FL 33301			33301	Date Incorporated or Qualified		
				10/20/1995	a. Date of Last Report	
2. Principal Place of Business 2a. Mailing Address				4. FEI Number 62 7970	Applied For	
Suite, Apt. #	minus recommendados de como contrator de la como contrator de la contrator de contr		ME	65-060 1310	L. L	
	wite A-407	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	NIA FLORIDA 28 City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be		
23 <u>V</u> A	Country	<b>28</b>	Country	Trust Fund Contribution  8. This corporation has liability for intan	Added to F000	_
24 ~ 339	904 25 USA	29	30	Florida Statutes Yes 🚺	No	
	9, Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Regis	stered Agent	
TOOLIDIA	I DACCALE			(C.C. Davidson in No. Accordable)		
TROUPIN, PASCALE 915 SE 2ND COURT			82 Street A	82 Street Address (P.O. Box Number is Not Acceptable)		
	NUDERDALE FL 33301		83			
			84 City		85 Zip Code	
1,1. Pursuant to	the provisions of Sections 607,050	2 and 607.1508, Florida Statutes	the above-named con	poration submits this statement for the purpose	e of changing its registered office	
or registere familiar with	ed agent, or both, in the State of Flor h, and accept the obligations of, Sec	ida. Such change was authorized tion 607.0505, Florida Statutes.	d by the corporation's b	poard of directors. I hereby accept the appointr	nent as registered agent. I am	
SIGNATURE _						
<b>12.</b>	Signature, typed or printed name of registered ages OFFICERS AN	NOTE (NOTE NOTE	: Registered Agont signature rec	juired when reinstating:  ADDITIONS/CHANGES TO OFFICEF	RS AND DIRECTORS IN 12	કુ
1IILE	Resignation Delete		1. 1 TITLE	PRECIDENT	☐ Change ☐ Addition €	(12/95)
NAME			12 NAME	lana or and Country		E034
STREET ADDRESS			13 STREET ADDRESS	FT LAUDERDALE, FL333	~ I	C)
CITY-ST-ZIP TITLE		DELETE	1.4 CHY - ST - ZIP 2 1 TITLE	The policy (ac)	Change Addition	Ç
NAME			2 2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-S1-7IP	NORTH ON THE DOTAGE AND THE COURT OF THE COU	☐ DELETE	2.4 CITY-ST-ZIP 3. 1 TITLE		Change Addition	
NAME		<u></u>	3.2 NAME			ī
STREET ADDRESS			3.3 STREET ADDRESS			
CHTY-ST-ZIP		F) DULTI	3.4 CITY - ST - ZIP		Change Addition	
TITLE NAME		☐ DELETE	4.1 TITLE 4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS	600001812 -05/07/9601156	2066	
CITY-ST-7IP			4.4 CITY-ST-ZIP	~05/01/36~~0115t		
TITLE		[] DEFEIE	5 1 TITLE	e e man yan yan an hair yar	☐ Change ☐ Addition	
NAME STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS			
City-St-Zip			5 4 CITY-\$1-7IP		હે	,
TITLE		☐ DELETE	6 1 TITLE		Change Addition	*
NAME			6.2 NAME		CENTER !	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 cath; 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.

SIGNATURE: RESIDENT - RESIDENT - RESIDENT - SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.

Date of the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated in Section 119

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

STREET ADDRESS