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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

The state of the s

P95000081530 (4)

CLAIR SOLEIL, INC.

		·			
Principal Plac	e of Business	Mailing Address		T CONTRON THE INTER AND PROPERTY OF THE PROPERTY AND THE	BIBY ILUON BUILD HAN OON 1801
DCOTA, 1855 GRIFFIN RD.  SUITE A-407  DANIA FL 33006  1855 GRIFFIN ROAD (DCC SUITE A-407  DANIA FL 33006  DANIA FL 33006		COTA)	DO NOT WRITE IN THIS	S SPACE	
US				<ol> <li>Date Incorporated or Qualified</li> <li>10/20/1995</li> </ol>	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 1000	<b>ΓΑ</b>	26		65-0627970	Not Applicable
Sulte, Apt.		Suite, Apt. #, etc.			\$8.75 Additional
<del></del> -	364	27		5. Certificate of Status Desired	Fee Required
City & Stat 23	β <sub>Α</sub> νίΑ	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zıp	Country	8. This corporation owes or has paid the ci	urrent year Intangible
24 FL	- 25 35COL	29	30	Personal Property Tax due June 30.	Yes No
	g. Name and Address of Current	Registered Agent	04  >>	10. Name and Address of New Registered	1 Agent
	OUPIN, PASCALE		81 Name	TROUPIN Yana	le_
915 SE 2ND COURT FORT LAUDERDALE FL 33301			160	ress (P.O. Box Number is Not Acceptable)	31vD
			B3	803 1	
			B4 City		85 Zip-Code 5
44 Dureuant	to the provisions of Sections 607.0503	and 607 1508 Florida Statut		poration submits this statement for the purpose	2400
office or r	registered agent, or both, in the State in im familiar with, and accept the obligation	of Florida. Such change was a	authorized by the corpora	tion's board of directors. I hereby accept the ap	ppointment as registered
•	ım ı <b>a</b> mıllar wiln, and accept the obliga	mons or, Section 607.0505, Fig	onda Statoles.		
SIGNATURE	Signature typed or printed name of registered ager	nt and title if applicable (NO)	E Registered Agent signature requi	red when reinstating) DATE	
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	Р	L DELETE	1.1 TITLE		
NAME	TROUPIN, PASCALE		1.2 NAME	Co Bourses OF B	111 A 44 0 A 11
STREET ADDRESS	215 SE 2ND COURT		1.3 STREET ADDRESS	60 BONAVENTURE B	ا هم الد درماء
CITY-ST-ZIP	FT LAUDERDALE FL 33301	T OUTE	1.4 CITY-ST-ZIP	WESTON, FL 3338	
TITLE		☐ DELETE	2.1 TITLE		Change
NAME			2 2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME			3.2 NAME		
STREET ADDRESS					
			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. CITY-S1-ZIP 4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETÉ	5.1 TITLE	_	Change Addition
NAME			5.2 NAME		• –
STREET ADDRESS					
			5.3 STREET ADDRESS		
CITY-ST-ZIP			<b>3</b> 1		
CITY-ST-ZIP TITLE		L DELETE	5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
<del></del>		DELETE	5.4 CITY-ST-ZIP		Change Addition

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 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.

6.4 CITY-ST-ZIP

**FILED** Apr 29 1998 8:00am Secretary of State



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