FILE NOW: FIL	ING FEE AFTER I	//AY 1 //5 \$2β	5.00	(Anaak	ven
PROFIT	11	ORIDA DEPARTMENT	H STATE	T APPRO'	Y CLU I
CORPORATION		Sandra B., Morthar	n ,)	7515 P	r ₃
ANNUAL REPORT		Sccretary of State		9(10)	5. .
1996		DIVISION OF CORPORA	ATIONS	96 to 7275	MH: 21
DOCL MENT #	P950000882	41 (1)		Secretary Vallahassi:	ce[s]Ale
	REINSTA	GRANCE EXPORT	•	WILLAHASSE	, FLURO
MO MID MAINEING	""RFINSTA	TEMENT	01-0		
Principal Place of Business	a new and Articular (C. P.)	- TIME!# [10-9		
215 SOUTH COUNTY ROAD PALM BEACH FL 33480		TH COUNTY ROAD ACH FL 33480		†	
THEM DENOTTE SOTO	TALM DI	NOTE IS SHOU		Date Incorporated or Qualified	3a. Date of Last Report
				11/16/1995	9 4
2. Principal Place of Business	Ze. Mailing	Address		4. FEI Number	Applied For
1 13268 151		2-6		45-0626580	Not Applicable
Suite, Apt. #, etc.		Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	[27] City &	State		6. Election Campaign Financing	\$5.00 May Be
3 Jupites FX	[28]			Trust Fund Contribution	Added to Fees
Zip Cox	untry Zip	Cou	ntry	8. This corporation has liability for in	
9. Name and Ac	29 dress of Current Registered A	[30] gent		Florida Statutes	
	· · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •	81 Name	. 1	. >
RAVIDAT, FRANCOIS		ł	82 Street Addre	ess (P.O. Box Number is Not Acceptable	9)
215 SOUTH COUNTY RO	AD		1320	68 15157 3	HYLANC North
PALM BEACH FL 33480			83		
			84 City	7	FI 85 Zip Code
11. Pursuant to the provisions of S	potions 607.0502 and 607,1508.	L Horida Statutes, the abo	ve-named corpora	ation submits this statement for the purp	nose of changing its registered office.
or registered agent, or both, in familiar with, and accept for of	the State of Bonda. Such change digapone of, Seption 607,0505, 14	was authorized by the c edda Statutes.	orporation's board	d of directors. I hereby accept the appo	intment as registered agent. I am
SIGNATURE \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	N1 400				
Signature, typed or winted r	OFFICERS AND DIRECTORS	(NOTE Registered	Agent signature re-juired	when reinstating) ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
TITLE FARSON	ur a la l	[] DELETE 1.110	UF		Change 🔎 Addition
NAME Presiden		1.2 NA	.ME	•	adv. 7
STREET ADDRESS	•	1.3 \$7	REEL ADDRESS		alorida, by t
CITY-ST-ZIP SAME	15 ABOOM		IY-ST-ZIP		217 75
LE	I.	DELETE 2.171	TLF	REINSTATEM	Change 1 Addition
NAME STREET ADDRESS		2.2 NA 2.3 ST	REET ADDRESS	1 10011000	
CITY-ST-ZIP			IY-SI-ZiP		
TITLE		DELETE 3 171			Change Addition
NAME		3.2 NA	.ME	eooggg2	2715389
STREET ADDRESS			TREET ADDRESS	-08/19/ ****91	
CITY-ST-ZIP TITLE		34 CF DELETE 4 1 TF	TY+\$T+7IP	<u> </u>	☐ Change ☐ Addition
NAME	ı	4.2 NA			□ Sumay □ Legation
STREET ADDRESS			REET ADDRESS		

6.4 CITY - ST - 2IP 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 inclicated 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 corporations in the terceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chapter 6, or of an attachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE

S

4.4 CITY - ST - ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

5 1 111LF

52 NAME

6. 1 11116

6.2 NAME

CITY-ST-ZIP

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TITLE NAME -

TITLE

NAME

[] DELL'IE

June 23/1997 561/575 7045

☐ Change ☐ Addition

☐ Change ☐ Addition