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

PROFIT CORPORATION. ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Feb 17, 1999 8:00am

Secretary of State

02-17-1999 90094 010 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000095422

1. Corporation Name

CITY-ST-ZIP

PLACE VENDOME OF NORTH MIAMI, INC.

Principal Plai	ce of Business	Mailing Address	ng Address				·				
STORE 1485. 19575 BISCAY MIAMI FL 3311		STORE 1485. AVENTURA MALL SHOPPING CTR. 19575 BISCAYNE BLVD. MIAMI FL 33180					DO NOT WRITE IN THIS SPACE				
		**************************************					Date Incorporated or Qualife		3 STACE		
{						3.	12/15/1995	u			
2. Principal I	Place of Business	2a. Mailing Address				4.	FEI Number		11.	Applied For	
21 26						"	59-3366426			Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.						+ :				Additional	
22	<u> </u>	27				5.	Certificate of Status Desired			Required	
City & Sta	ite	City & State				6	Election Campaign Financing	1		0 May Be	
23 28							Trust Fund Contribution	' _□		d to Fees	
Zip	Country Zip			Country			This corporation owes the cu	rrent vear Ir			
24	25	29	30				Personal Property Tax.		Yes	□No	
	g. Name and Address of Curre	nt Registered Agent				10.	Name and Address of New	Registered	l Agent		
DI O	IDIO OPEODOV I			81	Name		-		_		
	DIG, GREGORY J			82	Street Add	roce /F	O Roy Number is Net Asses	table)			
	WEST CYPRESS CREEK RD.		· Sileet Addi			coo (F	P.O. Box Number is Not Accep	iable)			
SUITE 700				83			2 2 2	10 - 32 - 44 10 - 32 - 44	4 4 A 5 P 1 T	1917	
FI.	LAUDERDALE FL 33309						<u>. 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 19</u>	1		3.	
				84	City		en e	E۱	85 Zir	Code	
SIGNATURE	am familiar with, and accept the obligation of t	ant and title if applicable. (NOTE:			t signature require	n nerhw be	einstating)	DATE	-		
12.	· · · · · · · · · · · · · · · · · · ·	ND DIRECTORS	13.	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	D	☐ DELETE	1.1 TIT	LÉ			10.00		☐ Change		
NAME	SPRUNG, ELLIOT		1.2 NA	ME			-				
STREET ADDRESS	STORE 1485, AVENTURA MAL	l shopping CTR.	1.3 STI	REET	ADDRESS						
CITY-ST-ZIP	MIAMI FL 33180		1.4 CIT	Y-ST	-ZIP						
TITLE	D .	☐ DELETE	2.1 ΠΤ	LE					Change	Addition	
NAME	SPRUNG, HARRY		2.2 NA	2.2 NAME		i					
STREET ADDRESS				REET	ADDRESS		•	-		,	
CITY-ST-ZIP	MIAMI FL 33180		2. 4 CH	Y-ST	-ZIP						
TITLE .		☐ DELETE	3.1 TITI						Change	☐ Addition	
NAME	parti		3.2 NA	ME					_ •		
STREET ADDRESS		• •	3.3 STF	REET	ADDRESS		* ** · · ·				
CITY-ST-ZIP				3.4, CITY-ST-ZIP							
TITLE	☐ DELETE		_	4.1 TITLE				1 1 VI	☐ Change	☐ Addition	
NAME		•	4. 2 NA	ME				•			
STREET ADDRESS	ļ. 		4.3 STF	REET 4	ADDRESS						
CITY-ST-ZIP			4.4 CIT								
TITLE		☐ DELETE	5.1 TITL		-			•	Change	☐ Addition	
NAME			5.2 NAM								
STREET ADDRESS			5.3 STR	EETA	ADDRESS .					•	
CITY-ST-ZIP			5.4 CIT								
TITLE		☐ DELETE	6.1 TITL					7	Change	☐ Addition	
NAME		,	6.2 NAM	1E.							
STREET ADDRESS	•				ADDRESS						

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 antagement with an address, with all other like empowered. SIGNATURE:

6.4 CITY-ST-ZIP