SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000018483 (3)

CALAIS, INC.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

The last two last

97 AUG 19 AM 9: 32

SECRETARY OF STATE TALLAMASSEE FLORIDA



Principal Place	e of Business	Mailing Address			1 seations if a serie and coals while dains nated single sales bill nicht seine bill nicht seine bill nicht seine der
7552 BUCCANEER AVENUE		7552 BUCCANEER AVENUE			
NORTH BAY VILLAGE FL 33141		NORTH BAY VILLAGE FL 33141			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified 3a. Date of Last Report
6 Delevate of B	llose of Chiefman	De Mailing Address			02/28/1996 4. FEI Number
2. Principal Place of Business		2a. Mailing Address			
21		26 Suite And Higher			
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired See Regulred Fee Regulred
City & State		City & State			
—					6. Election Campaign Financing \$5.00 May Be
23 Zip	Country	28 Zip	Count	le.	Trust Fund Contribution Added to Fees
	· · · · · · · · · · · · · · · · · · ·	<u> </u>		ıry	6. This corporation owes or has paid the current year Intangible
24	25		30		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
	ERILAWYER CHARTERED			Name	,
343 ALMERIA AVENUE			8	2 Street /	Address (P.O. Box Number is Not Acceptable)
CORAL GABLES FL 33134			_		
			8	13	
				4 City	es Zip Code
			- 1		FL T
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		MICHE	B		re required whon reinstaling) DATE
12.	Signature, typed or printed name of registered agen OFFICERS AND		13.	Agent signature	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PTD OFFICERS AND	DELETE	1.1 TITL		
NAME	MARTINEZ, JAVIER R		1.2 NAME		-08/20/9701113004 ****165.00 ****165.00
STREET ADDRESS	7552 BUCCANEER AVENUE		1.3 STREET ADDRESS		****100,00 ****100,00
CITY-ST-ZIP	NORTH BAY VILLAGE FL 33141		1.4 CITY 2.1 TITL	-ST-ZIP	
TITLE	VO				Change Addition
NAME	RUIZ, LUCINA L		2.2 NAM	IE .	
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH BAY VILLAGE FL 33141		2. 4 CITY	Y-\$1-7∤P	
TITLE	\$D	DELETE	3.1 TITLE		Change Addition
NAME	VANOY, SONIA M		3.2 NA		
STREET ADDRESS	7552 BUCCANEER AVENUE		3.3 STR	ET ADDRESS	
CITY-ST-ZIP	MARTH DAY BULLOF PLANALA		3.4. CITY	(-ST-ZIP	
TITLE			4.1 TITU		Change Addition
NAME		_	4. 2 NAM		
CTREET ANADECC			1	EFT ANDRESS	

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 roport or supplemental annual roport 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.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

DELETE

Change

Addition Addition

Addition

8/11/97

To Whom May concern

I request the release from the penalty. The reason is that I never recived the first notice.

Thank you for the cooperation on this mater.

Javier R. Martinez