

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

FILED
Mar 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000034199 (5)**

1. Corporation Name
FRANCE-CROISIERES U.S.A. INC.



Principal Place of Business

POST OFFICE BOX 818223
ORLANDO FL 32881-8223

Mailing Address

POST OFFICE BOX 818223
ORLANDO FL 32881-8223

3. Date Incorporated or Qualified

04/16/1996

3a. Date of Last Report

2. Principal Place of Business

21 **323 HAVE LOCK STREET**

Suite, Apt. #, etc.

22

City & State

23 **ORLANDO FL**

Zip

24 **32824**

Country

25 **USA**

2a. Mailing Address

26 **P.O. Box 710458**

Suite, Apt. #, etc.

27

City & State

28 **ORLANDO FL**

Zip

29 **32877**

Country

30 **USA**

4. FEI Number

59-3381323

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

**CANONICA, YAN
4712 WALDEN CIRCLE, #1721
ORLANDO FL 32811**

10. Name and Address of New Registered Agent

81 Name

CANONICA, YAN

82 Street Address (P.O. Box Number is Not Acceptable)

323 HAVELOCK STREET

83

84 City

ORLANDO

FL

85 Zip Code

32824

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

AGNES CANONICA PRESIDENT

03-07-97

Signature typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **LALOU, LUCIEN**
STREET ADDRESS **4712 WALDEN CIRCLE, #1721**
CITY-ST-ZIP **ORLANDO FL 32811**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☒ Change ☐ Addition
1.2 NAME **LUCIEN LALOU**
1.3 STREET ADDRESS **323 HAVELOCK STREET**
1.4 CITY-ST-ZIP **ORLANDO, FL 32824**

2.1 TITLE **P** ☐ Change ☒ Addition
2.2 NAME **AGNES CANONICA**
2.3 STREET ADDRESS **323 HAVELOCK STREET**
2.4 CITY-ST-ZIP **ORLANDO FL 32824**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AGNES CANONICA 03-07-97

Date

407-852-8290

Daytime Phone #

CR2E034 (9/96)