FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00 APPROVED **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 98 MAR -9 AM 11: 16 DIVISION OF CORPORATIONS 1997 P96000058832 DOCUMENT # SECRETARY OF STATE TALLAHASSEE, FLORIDA De La Vie Passion Les Principal Place of Business Mailing Address 1613 Lincoln road Miami Beach Fla. 613 Lincoln rd miami Beach Fla. 33039 3. Date Incorporated or Qualified 33139 990 Johertaly 1996" 26. Mailing Address 26. U13 Lincoln road 2. Principal Place of Busingss 21 013 Lincoln road Applied For Not Applicable Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Beach Fla. 28 Miami Bach 23 Miam, Trust Fund Contribution Added to Fees 3<u>3139</u> 8. This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent United States corp. 82 19805-1797 84 City 1970 NW. 51 Street Lauder h. IFL 85 Zip Code 200 and 602 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered patients of Such charge was authorized by the corporation's board of directors. I hereby accept the appointment as registered patients of Section 607.0505. Florida Statutes. Bullan 2-27-98 SIGNATURE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DIRECTORS IN 12 Change Addition 13. DELETE 3 1 TITLE 1.2 NAME NAME 13 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 1.4 CITY - ST- ZIP Vice President DE George Criffin 413 Eincoln road Miami Beach +14. 37129 Change 2.1 TITLE TITLE 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE sec ratary 3 1 TITLE Katherine Bach 900002454569--2 32 NAME -03/11/98--01117--007 3.3 STREET ADDRESS STREET ADDRESS Pembroke Pines Pla. 33024 ****165.00 3 4. CITY - ST - 7 P CITY-ST-ZIP DELETE Change 4 1 1111 F TITLE NAME # 4 2 NAME STREE ADDRESS 43 STREET ADDRESS 4.4 CITY - ST - ZIP CITY ST-ZIP DELETE Change 5 1 TITLE Addition 5.2 NAME NAME U. alan STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Addition ☐ Change TITLE 61 TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-2IP 14. Ido hereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report is uppremental 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 of 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 chapted, or on an attachment with an address.

SIGNATURE:

1

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-27-98

Daytime Phone #