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Jan 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **P96000071188 (2)**

1. Corporation Name
INTERNATIONAL LAPIS-FABERGE CO.

Principal Place of Business	Mailing Address
5221 OKEECHOBEE ROAD WAREHOUSE 165 FORT PIERCE FL 34947	231 BERMUDA BEACH DR FORT PIERCE FL 34949

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/26/1996**

2. Principal Place of Business 21 WARE HOUSE 165 Suite, Apt. #, etc. 22 5221 OKEECHOBEE ROAD City & State 23 FT. PIERCE, FLORIDA Zip 24 34947 Country 25 U.S.A.	2a. Mailing Address 26 231 BERMUDA-BEACH DR. Suite, Apt. #, etc. 27 City & State 28 FT. PIERCE, FL. Zip 29 34949 Country 30 U.S.A.

4. FEI Number: **98-0175430** ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GRANATA, LINDA M 12700 BISCAYNE BLVD. #401 NORTH MIAMI FL 33181	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.1007 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: Anne-Laure Desmet. Granna Gino Rose DATE: 01.07.98.
Signature, typed or printed name of registered agent and title if applicable (ALL Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	DESMET, ANNE-LAURE	1.2 NAME	
STREET ADDRESS	231 BERMUDA BEACH DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT PIERCE FL 34949	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ROSE, GRANNA-GINO	2.2 NAME	
STREET ADDRESS	231 BERMUDA BEACH DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT PIERCE FL 34949	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (10/97)

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 attachment with an address.

SIGNATURE: Anne-Laure Desmet Granna Gino Rose 01.07.98 561-464-1880