

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90255 017 ***150.00

03-01-1999 90255 018 *****8.75

DOCUMENT # P96000071188

1. Corporation Name

INTERNATIONAL LAPIS-FABERGE CO.

Principal Place of Business

WAREHOUSE 165
5221 OKEECHOBEE ROAD
FORT PIERCE FL 34947
US

Mailing Address

231 BERMUDA BEACH DR
FORT PIERCE FL 34949

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/26/1996

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 WAREHOUSE 165

Suite, Apt. #, etc.

22 OKEECHOBEE RD. 5221

City & State

23 FT. PIERCE, FL.

Zip

24 34949

Country

25

2a. Mailing Address

26 231 BERMUDA BEACH DR.

Suite, Apt. #, etc.

27

City & State

28 FT. PIERCE, FL.

Zip

29 34949

Country

30

9. Name and Address of Current Registered Agent

GRANATA, LINDA M
12700 BISCAYNE BLVD. #401
NORTH MIAMI FL 33181

10. Name and Address of New Registered Agent

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 607.0502 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 *Cherie Louise Desmet*
Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

06 Jan. 1999

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE D
NAME DESMET, ANNE-LAURE
STREET ADDRESS 231 BERMUDA BEACH DRIVE
CITY-ST-ZIP FORT PIERCE FL 34949

☐ DELETE

TITLE D
NAME ROSE, GRANNA-GINO
STREET ADDRESS 231 BERMUDA BEACH DRIVE
CITY-ST-ZIP FORT PIERCE FL 34949

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

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, with all other like empowered.

SIGNATURE:

Cherie Louise Desmet
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06 Jan. 1999. 561-467-1880
Date Daytime Phone #

CR2E034 (11/98)

0516829