


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

FILED
Mar 25 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 # P96000084505 (2) 1. Corporation Name PETIT SABLON, INC.					
Principal Place of Business 1541 BRICKELL AVE 12645 S. DIXIE HWY SUITE 81103 MIAMI FL 33156 MIAMI FL 33130 US			Mailing Address 1541 BRICKELL AVE 7570 SW 150 ST SUITE 81103 MIAMI FL 33158 MIAMI FL 33120 US		
2. Principal Place of Business 21 12645 S DIXIE HWY Suite, Apt. #, etc. # 5 City & State MIAMI FL Zip 33156 Country US		2a. Mailing Address 26 7570 SW 150 ST Suite, Apt. #, etc. # City & State MIAMI FL Zip 33158 Country US		3. Date Incorporated or Qualified 10/10/1996	
23 33156 25 US		27 33158 29 US		4. FEI Number 65-0710772	
9. Name and Address of Current Registered Agent BEALS, JUSTIN EDWARD THE WORLD TRADE CENTER, SUITE 2000 80 SW 8TH STREET MIAMI FL 33130				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
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.				10. Name and Address of New Registered Agent	
SIGNATURE				81 Name	
Signature, typed or printed name of registered agent and title if applicable				82 Street Address (P.O. Box Number is Not Acceptable)	
(NOTE: Registered Agent signature required when reinstating)				83	
DATE				84 City FL 85 Zip Code	
12. OFFICERS AND DIRECTORS					
1.1 TITLE <input type="checkbox"/> DELETE					
1.2 NAME D BANENS, ANTOINETTE A					
1.3 STREET ADDRESS 1541 BRICKELL AVE 7570 SW 150 ST					
1.4 CITY-ST-ZIP MIAMI FL 33158					
2.1 TITLE <input type="checkbox"/> DELETE					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE <input type="checkbox"/> DELETE					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE <input type="checkbox"/> DELETE					
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4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> DELETE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> DELETE					
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.

SIGNATURE: **Antoinette A J Banens** **ANTOINETTE A J BANENS 3/18/98 3052787003**

CR2E034 (10/97)