

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 02, 2000 8:00 am
Secretary of State
03-02-2000 90075 028 ***150.00

DOCUMENT # **P96000090688**

1. Corporation Name
MONIQUE MATHIEU, INC.



Principal Place of Business
C/O JORDAN INTERSTATE, INC.
6611 BAY CIRCLE, SUITE 100
NORTH CROSS GA 30071
US

Mailing Address
C/O JORDAN INTERSTATE, INC.
6611 BAY CIRCLE, SUITE 100
NORTH CROSS GA 30071
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/05/1996

4. FEI Number

65-0706951

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. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

2. Principal Place of Business

Monique Mathieu, Inc.
Suite, Apt. #, etc.

c/o ECOS, Inc.

City & State

501 Brickell Key Drive

Zip Country

Miami 25 Florida

2a. Mailing Address

Monique Mathieu, Inc.
Suite, Apt. #, etc.

c/o ECOS, Inc.

City & State

500 501 Brickell Key Drive

Zip Country

Miami 30 Florida

9. Name and Address of Current Registered Agent

MACDANIEL, JOHN M ESQ.
ONE BISCAYNE TOWER STE 2975
TWO SOUTH BISCAYNE BLVD.
MIAMI FL 33131

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **MATHIEU, MONIQUE**

STREET ADDRESS **22 RUE TIQUETONNE**

CITY-ST-ZIP **PARIS, FRANCE XX XXXX-XXXX**

TITLE ☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

TITLE

STREET ADDRESS

CITY-ST-ZIP

TITLE

STREET ADDRESS

CITY-ST-ZIP

TITLE

STREET ADDRESS

CITY-ST-ZIP

TITLE

STREET ADDRESS

CITY-ST-ZIP

TITLE

STREET ADDRESS

CITY-ST-ZIP

TITLE

STREET ADDRESS

CITY-ST-ZIP

TITLE

STREET ADDRESS

CITY-ST-ZIP

TITLE

STREET ADDRESS

CITY-ST-ZIP

TITLE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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

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 any attachment with an address.

SIGNATURE: **P. Mathieu** SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/2/2000

CR2E034 (5/99)