

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

FILED  
May 08 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 # P96000093598 (6)

1. Corporation Name  
C.B. FRANCE IMPORT, INC.

Principal Place of Business  
300 SEVILLA AVE. SUITE #309  
CORAL GABLES FL 33134

Mailing Address  
300 SEVILLA AVE. SUITE #309  
CORAL GABLES FL 33134



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 520 BRICKELL KEY DR.  
Suite, Apt. #, etc.  
22 SUITE 901  
City & State  
23 MIAMI FL  
Zip  
24 33131  
Country  
25 USA

2a. Mailing Address  
26 520 BRICKELL KEY DR  
Suite, Apt. #, etc.  
27 SUITE 901  
City & State  
28 MIAMI FL  
Zip  
29 33131  
Country  
30 USA

3. Date Incorporated or Qualified  
11/12/1996

4. FEI Number  
65-0712028  
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

BOUTILLIER, CHRISTINE  
300 SEVILLA AVE. SUITE #309  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name BOUTILLIER CHRISTINE  
82 Street Address (P.O. Box Number is Not Acceptable)  
520 BRICKELL KEY DRIVE SUITE 901  
83  
84 City MIAMI FL 85 Zip Code 33131

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

OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
	PSD			<input type="checkbox"/>
	BOUTILLIER, CHRISTINE	300 SEVILLA AVE. SUITE #309	CORAL GABLES FL 33134	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	DELETE
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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: X

X 04/30/98 X (305) 6799936

CR2E034 (10/97)