

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

PROFIT CORPORATION
ANNUAL REPORT
1997



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

FILED

97 JUN -2 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000093937 (6)**

1. Corporation Name
LE NORD' OUEST INC.



Principal Place of Business: **1887 NORTH EAST 181ST STREET NORTH MIAMI BEACH FL 33162**
Mailing Address: **1687 NORTH EAST 181ST STREET NORTH MIAMI BEACH FL 33162-1417**

3. Date Incorporated or Qualified 11/12/1996	3a. Date of Last Report
4. FEI Number 65-0745739 (161509)	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired 65-0745739 (161509)	<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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 1687 NE 181st	26 1687 NE 181st street
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State NMB FL	28 City & State NMB FL
24 Zip 33162	29 Zip 33162
25 Country Dade	30 Country Dade

9. Name and Address of Current Registered Agent
**VILSAINT, MENELAS
1887 NORTH EAST 181ST STREET
NORTH MIAMI BEACH FL 33162**

10. Name and Address of New Registered Agent

81 Name VILSAINT MENEAS	
82 Street Address (P.O. Box Number is Not Acceptable) 1687 NE 181st street	
83 City & State NMB FL 33162	
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, the only person(s) authorized to act 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: **06/03/97** -01089-015
Fees: ******165.00 ****165.00**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	President <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VILSAING, MENELAS	1.2 NAME	1687 NE 181 street
STREET ADDRESS	1887 NORTH EAST 181ST STREET	1.3 STREET ADDRESS	NMB FL 33162
CITY - ST - ZIP	NORTH MIAMI BEACH FL 33162	1.4 CITY - ST - ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	RICHARD INNOCENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TIMMER, JEAN CLAUDE	2.2 NAME	1687 NE 181 street
STREET ADDRESS	1887 NORTH EAST 181ST STREET	2.3 STREET ADDRESS	NMB FL 33162
CITY - ST - ZIP	NORTH MIAMI BEACH FL 33162	2.4 CITY - ST - ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	ADMINISTRATIVE ASSISTANT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOISE, MARIE CLAUDE	3.2 NAME	Gisele Mondesir
STREET ADDRESS	1887 NORTH EAST 181ST STREET	3.3 STREET ADDRESS	1687 NE 181st NMB FL 33162
CITY - ST - ZIP	NORTH MIAMI BEACH FL 33162	3.4 CITY - ST - ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	FINANCIAL ADVISOR <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIEN-AIME, LEAMIAN	4.2 NAME	1687 NE 181 street
STREET ADDRESS	1887 NORTH EAST 181ST STREET	4.3 STREET ADDRESS	NMB FL 33162
CITY - ST - ZIP	NORTH MIAMI BEACH FL 33162	4.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	MARKETING MANAGER <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIERRE-LOUIS, CLAUDIN	5.2 NAME	NAULIE VILSAINT
STREET ADDRESS	1887 NORTH EAST 181ST STREET	5.3 STREET ADDRESS	1687 NE 181st NMB FL 33162
CITY - ST - ZIP	NORTH MIAMI BEACH FL 33162	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	Public Relations <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARISTIDE, BERNADETTE	6.2 NAME	1687 NE 181 street NMB
STREET ADDRESS	1887 NORTH EAST 181ST STREET	6.3 STREET ADDRESS	FL 33162
CITY - ST - ZIP	NORTH MIAMI BEACH FL 33162	6.4 CITY - ST - ZIP	

14. I do 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.

CR2E034 (9/96)

Moise

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