


5-15-98 B 7/511 MC
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FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000093937 (6)

1. Corporation Name

LE NORD' OUEST INC.

Principal Place of Business

1687 NORTHEAST 181ST STREET
NORTH MIAMI BEACH FL 33162

Mailing Address

1687 NORTHEAST 181ST STREET
NORTH MIAMI BEACH FL 33162

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/12/1996

4. FEI Number

65-0745739

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fees 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

2. Principal Place of Business

21 1687 NE 181ST
Suite, Apt. #, etc.

22 City & State
NMB FL

23 Zip
33162

24 Country
USA

2a. Mailing Address

26 Same
Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

VILSAINT, MENELAS
1687 NORTHEAST 181ST STREET
NORTH MIAMI BEACH FL 33162

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

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
NAME VILSAING, MENELAS
STREET ADDRESS 1687 NORTHEAST 181ST STREET
CITY-ST-ZIP NORTH MIAMI BEACH FL 33162

TITLE VP
NAME INNOCENT, RICHARD
STREET ADDRESS 1687 NORTHEAST 181ST STREET
CITY-ST-ZIP NORTH MIAMI BEACH FL 33162

TITLE AA
NAME MONDESIR, GISELE
STREET ADDRESS 1687 NORTHEAST 181ST STREET
CITY-ST-ZIP NORTH MIAMI BEACH FL 33162

TITLE FA
NAME BIEN-AIME, LEAMIAN
STREET ADDRESS 1687 NORTHEAST 181ST STREET
CITY-ST-ZIP NORTH MIAMI BEACH FL 33162

TITLE MM
NAME VILSAINT, NAULIE
STREET ADDRESS 1687 NORTHEAST 181ST STREET
CITY-ST-ZIP NORTH MIAMI BEACH FL 33162

TITLE PR
NAME ARISTIDE, BERNADETTE
STREET ADDRESS 1687 NORTHEAST 181ST STREET
CITY-ST-ZIP NORTH MIAMI BEACH FL 33162

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VILSAINT Menelas P
1.2 NAME 1687 NE 181ST
1.3 STREET ADDRESS NMB FL 33162
1.4 CITY-ST-ZIP

2.1 TITLE VP
2.2 NAME Richard Innocent
2.3 STREET ADDRESS 1687 NE 181ST
2.4 CITY-ST-ZIP NMB FL 33162

3.1 TITLE AA
3.2 NAME MONDESIR GISELE
3.3 STREET ADDRESS 1687 NE 181ST
3.4 CITY-ST-ZIP NMB FL 33162

4.1 TITLE FA
4.2 NAME ANCELAU Joseph
4.3 STREET ADDRESS 1687 NE 181ST
4.4 CITY-ST-ZIP NMB FL 33162

5.1 TITLE MM
5.2 NAME Naulie Vilsaint
5.3 STREET ADDRESS 1687 NE 181ST
5.4 CITY-ST-ZIP NMB FL 33162

6.1 TITLE PR
6.2 NAME Aristide Bernadette
6.3 STREET ADDRESS 1687 NE 181ST
6.4 CITY-ST-ZIP NMB FL 33162

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0227400

CR2E034 (10/97)