

5-15-98 B 7/511 mc
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 1687 NE 181ST Suite, Apt. #, etc.	26 Same Suite, Apt. #, etc.
22 NMB FL City & State	27 City & State
23 33162 USA Zip Country	29 30 Zip Country

3. Date Incorporated or Qualified 11/12/1996	Applied For Not Applicable
4. FEI Number 65-0745739	
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fees 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	

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	Vilsaint Menelas P
NAME	VILSAING, MENELAS	1.2 NAME	1687 NE 181ST
STREET ADDRESS	1687 NORTHEAST 181ST STREET	1.3 STREET ADDRESS	NMB FL 33162
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	vP
NAME	INNOCENT, RICHARD	2.2 NAME	Richard Innocent
STREET ADDRESS	1687 NORTHEAST 181ST STREET	2.3 STREET ADDRESS	1687 NE 181ST
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162	2.4 CITY-ST-ZIP	NMB FL 33162
TITLE	AA	3.1 TITLE	AA
NAME	MONDESIR, GISELE	3.2 NAME	MONDESIR GISELE
STREET ADDRESS	1687 NORTHEAST 181ST STREET	3.3 STREET ADDRESS	1687 NE 181ST
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162	3.4 CITY-ST-ZIP	NMB FL 33162
TITLE	FA	4.1 TITLE	FA
NAME	BIEN-AIME, LEAMIAN	4.2 NAME	ANCELAU Joseph
STREET ADDRESS	1687 NORTHEAST 181ST STREET	4.3 STREET ADDRESS	1687 NE 181ST
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162	4.4 CITY-ST-ZIP	NMB FL 33162
TITLE	MM	5.1 TITLE	MM
NAME	VILSAINT, NAULIE	5.2 NAME	Maulie Vilsaint
STREET ADDRESS	1687 NORTHEAST 181ST STREET	5.3 STREET ADDRESS	1687 NE 181ST
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162	5.4 CITY-ST-ZIP	NMB FL 33162
TITLE	PR	6.1 TITLE	PR
NAME	ARISTIDE, BERNADETTE	6.2 NAME	ARISTIDE BERNADETTE
STREET ADDRESS	1687 NORTHEAST 181ST STREET	6.3 STREET ADDRESS	1687 NE 181ST
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162	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: _____ DATE: 4/22/98 DAYTIME PHONE: 0227400

CR2E034 (10/97)