

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jun 09, 1999 8:00 am
Secretary of State

06-09-1999 90032 009 ***150.00

DOCUMENT # P96000093937

1. Corporation Name

LE NORD' OUEST INC.



Principal Place of Business

1687 NE 181ST
NMB FL 33162
US

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
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 Tax. ☐ Yes ☐ No

2. Principal Place of Business

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

22 NMB FL 33162
City & State

23 Zip Country

24 25

2a. Mailing Address

26 Same
Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

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 ☐ DELETE

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

TITLE VP ☐ DELETE

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

TITLE AA ☐ DELETE

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

TITLE FA ☐ DELETE

NAME JOSEPH, A
STREET ADDRESS 1687 NE 181
CITY-ST-ZIP NORTH MIAMI BEACH FL 33162

TITLE MM ☐ DELETE

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

TITLE PR ☒ DELETE

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 ☐ 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

same address
MARQUISE VILSAINT

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)