SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name P96000100993 (0)

GILLES DE PARIS, INC.

1998

**FILED** Jul 10 1998 8:00am Secretary of State



						B), B)))) 80(0 10/0 10/0 10/0 11/1 10/1	
Principal Place of Business Mailing Address				1 100610001 life (Dite Billi) Boill Bath) Abidt 114(4 Baill) anne teite 14(4) 16(4)			
	AST \$6TH CT #2324		20355 NORTHEAST 36TH CT., #2324				
N. MIAMI BEACH FL 33180		N. MIAMI BEACH FL 33180		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified	100,7.02	
					12/13/1996		
2. Principal Place of Business , 2a. Mailing Address			10 21.CH		4. FEI Number	Applied For	
21/20355NE 34 T/1 26 20355			NE 344		59-3431451	Not Applicable	
Suite, Apt. 2	#, etc. ==	Suite, Apt. #, etc. = 2324			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	"Inni BERSELL	28 W MI MU	Williami Broth		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
2121	Country	222120	GA	DUOA	8. This corporation owes or has paid the	current year Intangible	
24 7001	50 25 FLOMBIT.	29 33100	30	VWH	Personal Property Tax due June 30.	Yes No	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
FONTENÇAU, GILLES B1 Name					•		
20355 NORTHEAST 36TH CT., #2324 N. MIAMÍ BEACH FL 33180				82 Street Add	ress (P.O. Box Number is Not Acceptable)		
				83			
				63			
				84 City	F	85 Zip Code	
office or	t to the provisions of sections 607.0502 registered agent, or both, in the State of am familiar with, and accept the obligat	of Florida. Such change was	authorize	d by the corporati	oration submits this statement for the purpose or ion's board of directors. I hereby accept the ap	ch <b>an</b> ging its registered pointment as registered	
SIGNATURE		,					
Signature, typed or printed name of registered agent and little if applicable (NOTE				E Registered Agent signature required when reinstating) DATE			
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12	
TITLE	D DELETE		1.1 Ti	TLE		Change Addition	
NAME	FONTENEAU, GILLES		1,2 N/	ME			
STREET ADDRESS			1.3 ST	REET ADDRESS			
CITY-ST-ZIP	N. MIAMI BEACH FL 33180			TY-ST-ZIP			
TITLE	L_] DEFETE		2.1 TI			Change Addition	
NAME			2.2 N/				
STREET ADDRESS				REET ADDRESS			
CITY-ST-ZIP				TY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		
TITLE		L] DELETE	3.1 TT			Change Addition	
NAME			3.2 N/				
STREET ADDRESS			1	REET ADDRESS			
CITY-ST-ZIP				TY-ST-ZIP			
TITLE		1 Indiete	4.1 TO	LE I		Change Addition	

CITY-ST-ZIP 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.

4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

DELETE

4.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

NAME STREET ADDRESS

TITLE

NAME

NAME

CITY-ST-ZIP

CITY-ST-ZIP TITLE

STREET ADDRESS

STREET ADDRESS

70000258622 -07/13/38--01043--024

\*\*\*150.00

Addition

\_\_\_ Addition

Change

Change