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FILED
May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sander S. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000102115

RUE DE PARIS, INC.

1. Name of Business: 777 N.W. 72ND AVE, STE 2-F12, MIAMI, FL 33126
Mailing Address: 777 N.W. 72ND AVE, BOX 2-F12, MIAMI, FL 33126

3. Date Incorporated or Qualified: DEC 18-96
3a. Date of Last Report:

2. Mailing Address: 26 777 N.W. 72ND AVE, STE 2-F12, MIAMI, FL 33126
27 Suite, Apt. #, etc.
28 City & State
29 Country, 30 Zip

4. FEI Number: 65-0715963
Address (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 has liability for intangible tax under s. 199.032 Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: CINDY DIAZ ZAFRA, 777 N.W. 72ND AVE, STE 2-F12, MIAMI, FL 33126

10. Name and Address of New Registered Agent:
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City, 85 Zip Code (FL)

11. I certify 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 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, or both, as indicated, and accept the obligations of Section 607.0605, Florida Statutes.

12. OFFICERS AND DIRECTORS (NOTE: Registered Agent signature required when releasing) DATE

Table with columns for name, title, and delete checkbox. Entry for CINDY DIAZ ZAFRA.

Table with columns for title, name, street address, city-st-zip, change, and add checkboxes. Includes handwritten signature and stamp.

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 by me as 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] SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-01-97 (305) 2698222