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

**PROFIT** FLORIDA DEPARTMENT OF STATE 自怕 CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State **DIVISION OF CORPORATIONS** 1997 97 OCT 17 PH 12: 59 P96000102609 DOCUMENT # SECHELLAY OF STATE TALLAHASSEE, FLORIDA FRANCE, INC. DECO Principal Place of Business Mailing Address 1110 Beicken AVE TH 1110 BRICKELL AVE MIAMI, FL 33131 3. Date Incorporated or Qualified 3a. Date of Last Report 19 1 2. Principal Place of Business 2a. Mailing Address Applied For 65-0782256 1300 STILLING ROAD 1300 STEALING ROAD 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired #10 # 10 12 ID Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be FL FL PINAC Trust Fund Contribution Added to Fees Country Country 8. This corporation has liability for intangible tax under s. 199.032, 33004 33004 Yes 🔲 No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name CURPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 82 TAUAHASSRE FL 32301 300002326603--1 -10/22/97--01043--011 83 84 City \*\*\*\*550.00 \*\*\*\*550:00 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 ponted name of registered agent and little if applicable (NOTE: Flogistered Agent signature required when reinstating) ITACL 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)DIA ☐ DELETE 1.1 TITLE Change Addition TITLE 1.2 NAME NAMÉ JACQUES GLANZ. 1200 STIELING KUND # 1C, 1A GO 1110 DELLEGIL MR 7HFL 1.3 STREET ADDRESS STREET ADDRESS CITY - ST- ZIP Wani R 33131 1.4 CITY - ST - ZIP DELFTE Change Addition TITLE 21 TITLE 2.2 NAME NAME STREET ADORESS 23 STREET ADDRESS CITY-ST-ZIP 2 4 CiTY-ST-7(P TITLE DELETE 3 1 TITLE Change Addition 3.2 NAME NAME STREET ADDRESS 3 3 STREET ADDRESS 3.4 CITY-\$1-7IP CITY-ST-ZIF DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY+ST 7:P CITY-ST-ZIP ☐ DELFT€ Change TITLE 5.1 TITLE L Addition 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS h change 5 4 CITY - S1 - ZIP CITY-S1-ZIP DELETE TOLE 6.1 THE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST-ZIP 14. I do hereby cortily that the information information indicated on this annual relian an officer or director of the corporal appears in Block 12 or Block 13 4 Chang lied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes I further certify that the supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under early that the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name n atlachment with an address 14 /97 x (954) 925-3228 SIGNATURE: X