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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000065164 (0)

LE FRANCOPHONE INTERNATIONAL INC.

FILED Feb 18 1998 8:00am Secretary of State

32					
Principal Plac	e of Business	Mailing Address		-{ I IDDASORAL ING IDNA TARDIN EDNIK EDIKA GOTAN ODISI DOKAT DE	9101 B1404 B1016 B4414 B401 1001
721 SE 17 S		-721-8E 17 STREET			
	ALE FL 33316	FT LAUDERDALE FL 33310	6		
				DO NOT WRITE IN THE	S SPACE
				3. Date Incorporated or Qualified	
P-insing D	lace of Business	As Mailing Addrops		07/28/1997 4. FEI Number	La - Bad Cas
2. Principal P		2a. Mailing Address	ILAN	4. FEI Number 65-0772465	Applied For
21] / 7 / X Suite, Apt.		26 / / Z / Y Suite, Apt. #, etc.	, Car. C		Not Applicable
22		27		5. Certificate of Status Desired	Fee Required
			word KC	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 332	Country	Zip	Country	8. This corporation owes or has paid the c	
24 3 3 3	- 20	<u> </u>	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Current	Registered Agent	los bisses	10. Name and Address of New Registered	d Agent
LAMOTHE, FERNAND				: LLKS MMAND	
721 SE 17 STREET 82 Street Addres				ess (P.O. Box Number is Not Acceptable)	
FT LAUDERDALE FL 33316				922 Tyler	
			83		
	\frown		84 City //	ollywood F	85 Zip Code
/			H ·		
11. Pursuant I	to the provisions of Sections 607.0502 egisteled agent, or hoth, in the State c	and 607.1508, Florida Statutes of Florida Such change was at	s, the above-named corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the ar	of changing its registered
agent. I a	m tamiliar with, and accept the obligat			on's board of directors. I hereby accept the ap	1 1-7
SIGNATURE	MANA	· •		-4n0 2	112/94
Signature, type of premied name of registered agent and trisk damplicable (NOTE: Registered Agent signature required when the control of the				ADDITIONS/CHANGES TO OFFICERS AN	ID DIDECTODE IN 12
TITLE	PD OFFICERS AND	DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AF	Change Addition
NAME	MENARD, GILLES		1.2 NAME		C Olimitée C London
STREET ADDRESS	2238 N CYPRESS BEND DR A	DT 701	1.2 NAME 1.3 STREET ADDRESS		
i i	POMPANO BCH FL 33069	11191			
CITY-ST-ZIP TITLE	SD SD	☐ DELETÉ	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME	MENARD, DENYSE		2.2 NAME		<u> </u>
STREET ADDRESS	2238 N CYPRESS BEND DR A	PT 701	2.3 STREET ADDRESS		ı
CITY-ST-ZIP	POMPANO BCH FL 33069	1114,	2.4 CITY-ST-ZIP	**.	
TITLE	t din this dail to dece	DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4, 2 NAME		
STREET ADDRESS			4.3 STREET ADORESS		
CITY-ST-ZIP			4.4 City-St-ZiP		
TITLE		DELET é	5.1 TITLE		Change Addition
NAME		<u> </u>	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
	ertify that the information supplied with	n this filing does not qualify for		Section 119.07(3)(i), Florida Statutes. I further of	certify that the information
indicated of officer or of	on this annual report or supplemental.	annual report is true and accur ver or trustee empowered to ex	rate and that my signature	e shall have the same legal effect as if made u ired by Chapter 607, Florida Statutes; and that	inder oath: that I am an