Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90118 040 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700066995

1. Corporation Name

BOCA BORDEAUX INT., INC.

Principal Place of Business Mailing Address) (B0)(B0) (10 (01) (00) 00)(C 63(4) 887/ 00)(C		
13573 KILTIE COURT DELRAY BCH FL 33446		13573 KILTIE COURT DELRAY BCH FL 33446						
						DO NOT WRITE IN THIS SPACE		
US		US				3. Date Incorporated or Qualifed		
						07/31/1997		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	A	pplied For
21		26				65-0787729	N	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75	Additional
22		27				5. Certificate of Status Desired	Fee R	equired
City & State		City & State				6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Zip Country			8. This corporation owes the current year Intangible		
24	25 29		30			Personal Property Tax.	[Yes	□No
	9. Name and Address of Curren	t Registered Agent		64		10. Name and Address of New Registered	Agent	
دستراير و	IVIACOUDOIEDE VENDOA			81	Name			
	LY-LACOURSIERE, KENDRA			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
	73 KILTIE CT							
DEL	RAY BCH FL 33446			83				
•				84	City		85 Zip	Code
					•	poration submits this statement for the purpose of	_	
SIGNATURE	Signature, typed or printed name of registered ager	· · · · · · · · · · · · · · · · · · ·	: Registere		nt signature requir	ed when reinstating) DATE	UD DIDEOT	
12.	OFFICERS AND DIRECTORS					ADDITIONS/CHANGES TO OFFICERS A	Change	Addition
TITLE				1.1 TITLE 1.2 NAME				
NAME	KELLY-LACOURSIERE, KENDR	A						
STREET ADDRESS	1				TADORESS			
CITY-ST-ZIP	DELRAY BCH FL 32446		_	1.4 CITY-ST-ZIP		•	Change	Addition
TITLE	· –			2.1 TITLE		•		
NAME	LACOURSIÈRE, REGENT JR.			AME				
STREET ADDRESS	1				TADDRESS			
CITY:ST:ZIP>	DELRAY_BCH_FL_33446-	☐ DELETE	. <u></u> .:2.45		ST-ZIP		☐ Change	Addition
TITLE		- DETE 16		IAME				
NAME	<u> </u>		ı		TADODECE	:		
STREET ADDRESS					T ADDRESS	•		
CITY-ST-ZIP	 	□ DELETE		CITY-S	91-ZIP		☐ Change	Addition
TITLE	,	Control		NAME			3-	_
NAME			1		TADDDECE			
STREET ADDRESS	š)				TADDRESS			
CITY-ST-ZIP	□ DELETE		4.4 (i.4 CITY-ST-ZIP				
	1	☐ DELETE	517	TTT F	1		☐ Change	☐ Addition
TITLE		☐ DELETE					Change	☐ Addition
TITLE NAME		☐ DELETE	5.2 N	IAME	TADORESS		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS	6	DEFELE	5.2 N 5.3 S	AME STREET	TADORESS		☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	3		5.2 N 5.3 S 5.4 C	IAME	į.		☐ Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	3	☐ DELETE	5.2 N 5.3 S 5.4 C 6.1 T	TTLE	į.	š		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			5.2 N 5.3 S 5.4 C 6.1 T 6.2 N	TTLE	į.	٠ ٠ ٠		

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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP