FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Jun 03, 2002 8:00 am Secretary of State DOCUMENT # P98000002447 1. Entity Name 06-03-2002 91186 038 ***550.00 ETIENNE CORPORATION, INC. Principal Place of Business Mailing Address 3760-3762 NE 3RD AVE. 3760-3762 NE 3RD AVE. POMPANO BEACH FL 33064 POMPANO BEACH FL 33064 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0803361 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name____ y as see a consideration of the ETIENNE, JEAN E Street Address (P.O. Box Number is Not Acceptable) 3760-3762 NE 3RD AVE. POMPANO BEACH FL 33064 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11, OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change ☐ Addition NAME NAME ETIENNE, JEAN ERIC STREET ADDRESS STREET ADDRESS 3760-3762 NE 3RD AVE. CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33064 ☐ Delete TITLE Change ☐ Addition NAME NAME **ETIENNE, PIERRE BERNARD** STREET ADDRESS STREET ADDRESS 3760-3762 NE 3RD AVE. CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33064 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition THE WILLIAM TO NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if

TORNE PRIC L'OTENNE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR