## **PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE 

Secretary of State

DIVISION OF CORPORATIONS

## FILED May 05, 1999 8:00 am Secretary of State 05-05-1999 90011 034 \*\*\*150.00

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	DE FRANCE #2, INC.				· [			
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Principal Place	e of Business	Mailing Address			ning riche tinet terbi ein 1881/681 f	1 <b>25</b> (14 2220) 12\$(	, 1981) sesty e:	1818 1181 1881
14453 SO. DIXII	E HIGHWAY	14453 SO. DIXIE HIGHM	/AY		1			,
MIAMI FL 33178		Miami Fl 33178			DO NOT WRITE	Certificate of Status Desired Section Campaign Financing Scorporation owes the current year intangible		
					3. Date Incorporated or Qualifed			
	•				02/24/1998			
2. Principal Pl	lace of Business	2a. Mailing Address			4, FEI Number			
		26			65.0331188			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		•	
2		City & State			c Election Compaign Financias			
City & State	8	28						
23] Zip	Country	Zip	Cou	ntry	8. This corporation owes the current			
24	25	29	30		Personal Property Tax.			□No !
	9, Name and Address of Curre	nt Registered Agent			10. Name and Address of New Ro	gistered Ag	jent	
	MANG FOUL			81 Name				
	imons, foy h I so. Bayshore Drive		82 Street Adda		dress (P.O. Box Number is Not Acceptable)			
	E 606	83		<del>-</del>				
••••	CONUT GROVE FL 33133			<u> </u>			<del></del>	
			l	84 City		FL	65 Zip C	0G9
44 0	to the provisions of Sections 607.050	12 and 607 1509 Florida Sta		<u> </u>				agistarad
Fursuani			itutes, the al	bove-named con	poration submits this statement for the p	urpose of ch	anging its i	Official
office or o	egistered egent, or both, in the State	of Florida, Such change was ations of Section 607.0505.	itutes, the al s authorized Florida Stati	bove-named corp t by the corporati utes.	poration submits this statement for the ρ ion's board of directors. I hereby accept	the appointm	anging its r nen1 as reg	istered
agent. I a	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was ations of, Section 607.0505,	itules, the al s authorized Florida Stati	bove-named con t by the corporati utes.	poration submits this statement for the p ion's board of directors. I hereby accept		enging its r nent as reg	istered
office or n agent. I a SIGNATURE	m ramaiar with, and accapt the obligation of registered age	nti and title if applicable. (N	OTE, Registered	bove-named corporati the corporati utes.  Agent signature require	ed when reinstating)	DATE		
agent. I a SIGNATURE	M Tamalian with, and accept the opings Signature, typed or printed name of registered sign OFFICERS AI	IND DIRECTORS	OTE, Registered	Agent signature require		DATE ICERS AND		
agent I a SIGNATURE  12. TITLE	Signature, typed or printed name of regulatoric spa OFFICERS AI	nti and title if applicable. (N	OTE, Registered 13.	Agent signeture requir	ed when reinstating)	DATE ICERS AND	DIRECTOR	RS IN 12
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number empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in with an address, with all other like empowered.

MATURE REQUIRED