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**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **S72614** 1. Corporation Name

## **FILED** Feb 08, 1999 8:00am **Secretary of State**

02-08-1999 90054 017 \*\*\*150.00

LE FAUE	BOURG, INC.						PORO 8180 (88)
Principal Place	e of Business	Mailing Address			I SMACORIT EU ERMAG EURER ALEBE HUNT AU	INI NINI NINI KINI KINI	UIBA UIBA IBBI
1717 N BAYSHORE DR. 1717 N BAYSHORE DR.					,		
1ST FLOOR 1ST FLOOR MIAMI FL 33132 MIAMI FL 33132				DO NOT WRITE IN THIS SPACE			
MIAMI PL 33132 MIAMI PL 33132					3. Date Incorporated or Qualifed		
					08/12/1991	<del></del>	·
2. Principal Place of Business 2a. Mailing Address		<del> </del>			4. FEI Number	<b>⊢-</b>	pplied For lot Applicable
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.				65-0280533	\$8.75	Additional	
22 Suite, Apr. #, etc.		<u> </u>			5. Certifcate of Status Desired		Required
		City & State	City & State		6. Election Campaign Financing		May Be
23		28	Country		Trust Fund Contribution	Added	to Fees
Zip	Country	Zip [29]	30	иу	<ol> <li>This corporation owes the current Personal Property Tax.</li> </ol>	year intangible Xi Yes	□No
24	9. Name and Address of Current	11			10. Name and Address of New Reg		
		· · · · · · · · · · · · · · · · · · ·		B1 Name			
ZAK/	AIB, NORMAND ' N BAYSHORE DR. APT #3151	•	Ì	82 Street A	ddress (P.O. Box Number is Not Acceptable	)	
1ST	FLOOR			В3			
MAIM	AI FL 33132		Ì	B4 City	The state of the s	FI 85 Zip	Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the ab	ove-named co	orporation submits this statement for the pur	pose of changing if	s registered
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida: Such change was au ons of, Section 607.0505, Flori	rthorized ida Statu	by the corpor es.	orporation submits this statement for the pur ration's board of directors. I hereby accept th	e appointment as r	egistered
•							
SIGNATURE							·
	Signature, typed or printed name of registered agent a OFFICERS AND	and title if applicable. (NOTE:				DATE	
SIGNATURE  12.  TITLE	Signature, typed or printed name of registered agent a OFFICERS AND	and title if applicable. (NOTE:	Registered /	gent signature req	quired when reinstating)	DATE	ORS IN 12
12.	OFFICERS AND D ZAKAIB, NORMAND	and title if applicable. (NOTE:	Registered a	gent signature req	quired when reinstating).  ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECT	ORS IN 12
12.	OFFICERS AND D ZAKAIB, NORMAND 1717 N BAYSHORE DR. #3151	and title if applicable. (NOTE:	13. 1.1 TIT 1.2 NAI 1.3 STI	gent signature req	quired when reinstating).  ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECT	ORS IN 12
12. TITLE NAME STREET ADDRESS CITY- ST-ZIP	OFFICERS AND D ZAKAIB, NORMAND	and title if applicable. (NOTE: DIRECTORS DELETE	13. 1.1 TH 1.2 NA 1.3 STI 1.4 CIT	gent signature req E IE EET ADDRESS (-ST-ZIP	quired when reinstating).  ADDITIONS/CHANGES TO OFFIC	DATE  ERS AND DIRECT  ☐ Change	ORS IN 12
12. TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE	OFFICERS AND D ZAKAIB, NORMAND 1717 N BAYSHORE DR. #3151	and title if applicable. (NOTE:	13. 1.1 TITI 1.2 NAI 1.3 STI 1.4 CIT 2.1 TITI	gent signature req E IE EET ADDRESS /-ST-ZIP	quired when reinstating).  ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECT	ORS IN 12
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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.

**SIGNATURE**