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95 MAY -1 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Murtham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V18616** (5)

1. Corporation Name
ST. TROPEZ LIVING, INC.

Principal Place of Business: **446 COLLINS AVENUE
MIAMI BCH FL 33139
US**

Mailing Address: **446 COLLINS AVENUE
MIAMI BCH FL 33139
US**

DO NOT WRITE IN THIS SPACE

2. Principal Director of Business: **21**

2a. Mailing Address: **25**

22. Subd. Apt. #, etc. **27**

23. City & State: **28**

24. Zip: **29** County: **30**

3. Date Incorporated or Qualified: **03/04/1992**

3a. Date of Last Report: **04/15/1994**

4. FEI Number: **65-0330390**

Applied For: Applied For Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**PASTERNAK, MARSHALL
% GREENBERG TRAURIG
1221 BRICKELL AVENUE
MIAMI FL 33139**

10. Name and Address of New Registered Agent

81 Name: Robert R. Threath

82 Street Address (P.O. Box Number is Not Acceptable): 446 Collins Avenue

83

84 City: Miami Beach FL 85 Zip Code: 33139

11. Pursuant to the provisions of Sections 607.0503 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of section 607.1508, Florida Statutes.

SIGNATURE: *Robert R. Threath* **Robert R. Threath** **4/28/95**

12. OFFICERS AND DIRECTORS

1. TITLE: PDST

2. NAME: KRAMER, THOMAS

3. STREET ADDRESS: 446 COLLINS AVE.

4. CITY, ST. ZIP: MIAMI BEACH FL

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, ST. ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY, ST. ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY, ST. ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY, ST. ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

1. TITLE: VP

2. NAME: H. Hanau

3. STREET ADDRESS: 446 Collins Avenue

4. CITY, ST. ZIP: Miami Beach, FL 33139

Change Addition

5. TITLE: VPS

6. NAME: H. NEE

7. STREET ADDRESS: 446 Collins Avenue

8. CITY, ST. ZIP: Miami Beach, FL 33139

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in the provisions of Florida Statutes. I further certify that the information included in the annual report or supplemental annual report is true and accurate and that my signature shall be as the same legal effect as if made under oath. That I am an eligible director of the corporation or the officer or holder of an office as required by Chapter 607, Florida Statutes, and that my name appears on the filing of the corporation or on an affidavit filed with the corporation.

SIGNATURE: *Margaret Nee* **Margaret Nee** **4/28/95** **305-532-2519**

BRAND AND TYPED OR PRINTED NAME OF BRINKING OFFICER OR DIRECTOR