

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

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # V20751 (6)
1. Corporation Name
CONCEPT HUGO INTERNATIONAL, INC.

FILED

97 MAY -8 PM 12: 49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
749 WASHINGTON AVENUE
MIAMI BEACH FL 33139

Mailing Address

~~1440 KANE CONCOURSE- 5TH FLOOR
BAY HARBOR ISLAND FL 33134-2043~~

Delete this Line

1440 Peel
montreal, Quebec H3A 1S8

3. Date Incorporated or Qualified
03/12/1992

3a. Date of Last Report
04/01/1996

2. Principal Place of Business

21 Suite, Apt #, etc

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 1440 Peel

27 Suite, Apt #, etc

28 City & State

montreal Quebec

29 H3A 1S8

30 Canada

4. FEI Number
65-0455661

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

10. Name and Address of New Registered Agent

81 Corporate address: Inc.

82 Street Address (P.O. Box Number is Not Acceptable)

116-D Thomasville Road

Mount Vernon Square

84 City

Tallahassee

85 Zip Code

FL 32303

11. Pursuant to the provisions of Sections 607.0502 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 607.0505, Florida Statutes.

SIGNATURE: *Danny Benoit, Pres*

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PVST
NAME BENSOUSSAN, MICHEL
STREET ADDRESS 749 WASHINGTON AVENUE
CITY-ST-ZIP MIAMI BEACH FL

☐ DELETE

TITLE D
NAME BENSOUSSAN, MICHEL
STREET ADDRESS 749 WASHINGTON AVENUE
CITY-ST-ZIP MIAMI BEACH FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

300002171183--0
-05/08/97--01068--002

***165.00 ☐ Change ☐ Addition

14. I do hereby certify that the information submitted 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 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; and that I am 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 applicable, with an address.

SIGNATURE: *[Signature]* REQUIRED

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)