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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Feb 13 1998 8:00am Secretary of State

DOCUMENT # V44540 (5)					
MAISON	I INVESTMENT, INC.			 	III BIBII BIBII BIBII BIBIB JABI
	<u> </u>				
Principal Place of Business Mailing Address					***************************************
285 SEVILLA AVENUE 285 SEVILLA AVENUE CORAL GABLES FL 33134 CORAL GABLES FL 33134			34		
US US			•	DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualified	
2. Principal Place of Business 2a. Mailing Address				06/18/1992 4. FEI Number	Applied For
<u>−</u> −−−−−−−−−−−−−−−−−−−−−−−−−−−−−−−−−−−		26		65-0371739	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	······································	5. Certificate of Status Desired	\$8.75 Additional
22		27		8, Certificate of States Desired	Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
<b>23</b> Zip	Country	28 Zip	Country	Trust Fund Contribution   8. This corporation owes or has paid the co	Added to Fees
24	25	29	30	,	Yes No
	9. Name and Address of Current		1501	10. Name and Address of New Registered	I Agent
VIVI	ANE VASSE-MURTIN	-	81 Name		
285 SEVILLA AVE			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
CORAL GABLES FL 33134			00		
			83		
			84 City	Fi	85 Zip Code
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 _					
12.	Signature, typed or printed name of registered agen OFFICERS AND		E: Registered Agent signature requi	red when reinstating)  ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	D	DELETÉ	1.1 TITLE	Applitoriogista added to ott to be to otto	☐ Change ☐ Addition
NAME	VIVIANE VASSE-MURTIN		1.2 NAME		
STREET ADDRESS	285 SEVILLE AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33134		1.4 CITY - ST - ZIP		
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	2.4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME		المادين المادين	3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - \$1 - ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		Dr. tyt	4.4 CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME DESCRIPTION OF THE PROPERTY OF THE PROPER			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 C/TY - ST - Z/P 6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 City - St - ZiP		
	ertify that the information supplied wi	th this filing does not qualify t	or the exemption stated in	Section 119.07(3)(i), Florida Statutes, I further of	certify that the information

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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.

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