

# FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 20 AM 11:07

DOCUMENT # 858300

(7)

1. Corporation Name

CLUB MED SALES, INC.

Principal Place of Business

40 W. 57TH STREET  
NEW YORK CITY NY 10019  
US

Mailing Address

40 W. 57TH ST  
NEW YORK CITY NY 10019  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
11/01/1983

3a. Date of Last Report  
09/23/1994

4. FEI Number  
13-2556340

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

7. Nonprofit with IRS 501(c)(3)  
Tax Exempt Status ☐

\$68.75 Supplemental  
Fee Not Required

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

UNITED STATES CORPORATION COMPANY  
1201 HAYS STREET, SUITE 105  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

|                |                     |
|----------------|---------------------|
| TITLE          | D                   |
| NAME           | TRIGANO, SERGE      |
| STREET ADDRESS | 40 W. 57TH STREET   |
| CITY- ST- ZIP  | NEW YORK NY 10019   |
| TITLE          | CD                  |
| NAME           | LANDAU, JEAN-MICHEL |
| STREET ADDRESS | 40 W. 57TH ST       |
| CITY- ST- ZIP  | NEW YORK CITY NY    |
| TITLE          | VST                 |
| NAME           | TOWNSEND, JOSEPH    |
| STREET ADDRESS | 40 W. 57TH ST.      |
| CITY- ST- ZIP  | NEW YORK NY         |
| TITLE          | D                   |
| NAME           | TRIGANO, GILBERT    |
| STREET ADDRESS | 40 W. 57TH STREET   |
| CITY- ST- ZIP  | NEW YORK NY 10019   |
| TITLE          | V                   |
| NAME           | AU YEONG, HOH KOON  |
| STREET ADDRESS | 40 W. 57TH STREET   |
| CITY- ST- ZIP  | NEW YORK NY 10019   |
| TITLE          |                     |
| NAME           |                     |
| STREET ADDRESS |                     |
| CITY- ST- ZIP  |                     |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                                                              |
|--------------------|------------------------------------------------------------------------------|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1.2 NAME           |                                                                              |
| 1.3 STREET ADDRESS |                                                                              |
| 1.4 CITY- ST- ZIP  |                                                                              |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME           |                                                                              |
| 2.3 STREET ADDRESS |                                                                              |
| 2.4 CITY- ST- ZIP  |                                                                              |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |                                                                              |
| 3.3 STREET ADDRESS |                                                                              |
| 3.4 CITY- ST- ZIP  |                                                                              |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |                                                                              |
| 4.3 STREET ADDRESS |                                                                              |
| 4.4 CITY- ST- ZIP  |                                                                              |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |                                                                              |
| 5.3 STREET ADDRESS |                                                                              |
| 5.4 CITY- ST- ZIP  |                                                                              |
| 6.1 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME           |                                                                              |
| 6.3 STREET ADDRESS |                                                                              |
| 6.4 CITY- ST- ZIP  |                                                                              |

See Attachment A for  
additional officers.

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(d), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: JOSEPH J. TOWNSEND

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/95

(212) 477-2150

Date

Daytime Phone

**ATTACHMENT A**

**CLUB MED SALES, INC.**

**DIRECTORS:**

Gilbert Trigano ✓  
c/o Club Med Sales, Inc.  
40 West 57th St., NYC 10019

Serge Trigano ✓  
c/o Club Med Sales, Inc.  
40 West 57th St., NYC 10019

Jean-Michel Landau ✓  
c/o Club Med Sales, Inc.  
40 West 57th St., N.Y.C. 10019

**OFFICERS:**

Jean-Michel Landau ✓  
Chairman and CEO  
c/o Club Med Sales, Inc.  
40 West 57th St., NYC 10019

Henri de Bodinat  
Executive Vice President  
c/o Club Med Sales, Inc.  
40 West 57th St., N.Y.C. 10019

Hoh Koon Au Yeong ✓  
Senior VP, CFO  
c/o Club Med Sales, Inc.  
40 West 57th St., NYC 10019

Joseph J. Townsend ✓  
Sr. Vice-President-Finance,  
Secretary and Treasurer  
c/o Club Med Sales, Inc.  
40 West 57th St., NYC 10019

Betty Rauch  
VP Marketing