

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION ANNUAL REPORT <b>1995</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

95 JUN 14 AM 8:03

**DOCUMENT # F94000003416 (4)**

1. Corporation Name  
**EURAFRANCE S A**

Principal Place of Business <b>1701 SHALLCROSS AVE., STE C                  WILMINGTON DE 19806-2347</b>	Mailing Address <b>1701 SHALLCROSS AVE., STE C                  WILMINGTON DE 19806-2347</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/29/1994</b>	3a. Date of Last Report
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number <b>51-0281097</b>	Applied For <input type="checkbox"/> Not Applicable
24. Zip	25. Country	29. Zip	30. Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under S. 199.032. Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM                  1200 SOUTH PINE ISLAND ROAD                  PLANTATION FL 33324</b>				10. Name and Address of New Registered Agent	
				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				84. City	
				85. Zip Code	<b>FL</b>

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and the filer (if applicable) (NOTE: Registered Agent signature required when necessary)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>C</b>	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MICHEL, DAVID W</b>	12. NAME	<b>JEAN PEYRELEVADE</b>
STREET ADDRESS	<b>VIKINGS COVE-PEACOCK LANE</b>	13. STREET ADDRESS	<b>61, avenue Charles de Gaulle</b>
CITY, ST, ZIP	<b>LOCUST VALLEY NY</b>	14. CITY, ST, ZIP	<b>92200 NEUILLY</b>
TITLE	<b>V</b>	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANTOINE, BERNHEIM</b>	22. NAME	<b>ANTOINE RIBOUD</b>
STREET ADDRESS	<b>64 AVE. HENRI MARTIN</b>	23. STREET ADDRESS	<b>174, Bd Saint-Germain</b>
CITY, ST, ZIP	<b>75016 PARIS</b>	24. CITY, ST, ZIP	<b>75006 PARIS</b>
TITLE	<b>V</b>	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRUNO, ROGER</b>	32. NAME	<b>DAVID VEREY</b>
STREET ADDRESS	<b>88 RUE DE BRENELLE</b>	33. STREET ADDRESS	<b>3 Airlie Gardens</b>
CITY, ST, ZIP	<b>75007 PARIS</b>	34. CITY, ST, ZIP	<b>Londrea W8</b>
TITLE	<b>D</b>	41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JEAN, GUYOT</b>	42. NAME	<b>YVES BOEL</b>
STREET ADDRESS	<b>49 RUE DE BOULAINVILLIERS</b>	43. STREET ADDRESS	<b>21, avenue Jeanne</b>
CITY, ST, ZIP	<b>75016 PARIS</b>	44. CITY, ST, ZIP	<b>1050 BRUXELLES</b>
TITLE	<b>D</b>	51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GIOVANNI, AGNELLI</b>	52. NAME	<b>JEAN-CLAUDE HAAS</b>
STREET ADDRESS	<b>256 STRADA S</b>	53. STREET ADDRESS	<b>59, Bd Lannes</b>
CITY, ST, ZIP	<b>VITO TURIN (ITALY)</b>	54. CITY, ST, ZIP	<b>75116 PARIS</b>
TITLE	<b>D</b>	61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANDRE, WORMSER</b>	62. NAME	<b>COMPAGNIE UAP</b>
STREET ADDRESS	<b>6 BLD JEAN MERMOZ</b>	63. STREET ADDRESS	<b>9, Place Vendôme</b>
CITY, ST, ZIP	<b>92200 NEUILLY SUR SEINE</b>	64. CITY, ST, ZIP	<b>75001 PARIS</b>

14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 110 0703(b), Florida Statutes. I further certify that the information exhibited 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.

**SIGNATURE:** **Bruno Roger** **Vice-Président-Directeur Général**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **March 23, 1995**