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1995 JUN 20 PM 6:40

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **F94000005281 (0)**

1. Corporation Name
AMEROP SUGAR CORPORATION

Principal Place of Business Mailing Address
**TWO WORLD FINANCIAL CENTER TOWER B
30TH FLOOR
NEW YORK NY 10281**

700001519297
-06/21/95--01053--016
******225.00 ****225.00**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/11/1994** 3a. Date of Last Report

4. FEI Number **22-2019920** 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

2. Principal Place of Business Mailing Address
21 **701 BRICKELL AVE.** 26 **701 BRICKELL AVE.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **SUITE 2200** 27 **SUITE 2200**
City & State City & State
23 **MIAMI, FL** 28 **MIAMI, FL**
Zip Country Zip Country
24 **33131 USA** 29 **33131 USA** 30

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 607.0507 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 of person named as registered agent. State of registration. Date of signature. Signature of registered agent. State of registration. Date.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	C BENHAMOU, MAX 133 AVENUE DES CHAMPS-ELYSEES 7530 PARIS CEDEX FRANCE	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY, ST, ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 20/22, RUE DE LA VILLE L EVEQUE 75008 PARIS 75008
TITLE NAME STREET ADDRESS CITY, ST, ZIP	D VARSANO, SERGE 133 AVENUE DES CHAMPS-ELYSEES 7530 PARIS CEDEX FRANCE	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY, ST, ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 20/22, RUE DE LA VILLE L EVEQUE 75008 PARIS 75008
TITLE NAME STREET ADDRESS CITY, ST, ZIP	D GOEKJIAN, SAMUEL V TWO WORLD FINANCIAL CNTR., TOWER B 30TH FL NEW YORK NY 10281	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition DELETE - GOEKJIAN, SAMUEL
TITLE NAME STREET ADDRESS CITY, ST, ZIP	DP RIVERO, JOSE A TWO WORLD FINANCIAL CNTR., TOWER B 30TH FL NEW YORK NY 10281	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY, ST, ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 701 BRICKELL AVE., SUITE 2200 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY, ST, ZIP	VS HEDREI, STEPHEN A TWO WORLD FINANCIAL CNTR., TOWER B 30TH FL NEW YORK NY 10281	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 701 BRICKELL AVE., SUITE 2200 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY, ST, ZIP	T STERMAN, DAVID I TWO WORLD FINANCIAL CNTR., TOWER B 30TH FL NEW YORK NY 10281	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY, ST, ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VP & CFO JOHN M.R. JACOBS 701 BRICKELL AVE., SUITE 2200 MIAMI, FL 33131 <i>5066-20-95</i>

14. I do hereby certify that the information appearing with this filing is voluntarily furnished and does not qualify for the exemption under Section 119.07(3)(k), 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, or on an attachment with an address.

SIGNATURE: **Stephen A. Hedrei** **June 8, 1995** **374-4440**
Signature and stamped on printed name of signing officer or director. Date. Captain's Office #