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Feb 02 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra S. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J98450 (6)

1. Corporation Name
BLACK DIAMOND USA, INC.



Principal Place of Business
C/O MARIE-CLAUDE HALIMI
1 SOUTH COUNTRY RD.
PALM BEACH FL 33480

Mailing Address
C/O MARIE-CLAUDE HALIMI
1 SOUTH COUNTRY RD.
PALM BEACH FL 33480

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/21/1987

4. FEI Number
62-1330504

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HALIMI, PIERRE
C/O DIAMANT NOIR
1 SOUTH COUNTRY RD
PALM BEACH FL 33480

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 607.1508, 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD
NAME HALIMI, GABRIEL
STREET ADDRESS 353 NORTH LAKE WAY
CITY-ST-ZIP PALM BEACH FL

☐ DELETE

1.1 TITLE Treasurer/Director ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 275 North County Rd.
1.4 CITY-ST-ZIP Palm Beach FL 33480

TITLE PD
NAME HALIMI, PIERRE
STREET ADDRESS 218 MEDITERRANEAN ROAD
CITY-ST-ZIP PALM BEACH FL

☐ DELETE

2.1 TITLE Secretary/Director ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 3455 ROYAL PALM AVE.
2.4 CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE S
NAME HALIMI, MARIE-CLAUDE
STREET ADDRESS 353 NORTH LAKE WAY
CITY-ST-ZIP PALM BEACH FL

☐ DELETE

3.1 TITLE Vice President ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 275 North County Rd.
3.4 CITY-ST-ZIP Palm Beach, FL 33480

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

4.1 TITLE President/Director ☐ Change ☒ Addition
4.2 NAME Stephanie Halimi
4.3 STREET ADDRESS 316 Seabreeze Ave
4.4 CITY-ST-ZIP Palm Beach FL 33480

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied 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 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.

CR2E034 (10/97)