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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600032885

CLASSIC PROPERTIES (U.S.A.), INC.

Principal Place of Business Mailing Address SHAPO, FREEDMAN & BLOOM PA LOEB. BLOCK & PARTNERS LLP 505 PARK AVE. 9TH FLOOR 200 S BISCAYNE, STE 4750 NEW YORK NY 10022 DO NOT WRITE IN THIS SPACE MIAMI FL 33131 3. Date Incorporated or Qualifed 04/10/1996 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 13-3883736 Not Applicable 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. \Box 5. Certifcate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing ñ Trust Fund Contribution Added to Fees 23 28 Zip Country 8. This corporation owes the current year Intangible Zip Country □Yes □No Personal Property Tax. 30 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name S FLORIDA RESIDENT AGENTS INC Street Address (P.O. Box Number is Not Acceptable) 200 S BISCAYNE BLVD STE 4750 83 MIAMI FL 33131 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida 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 with CR2F034 (11/9R) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE ſ Change DP 1.1 TITLE TITLE GIBSON, SELENA 1.2 NAME NAME THE TROPIC ISLE BUILDING 1.3 STREET ADDRESS STREET ADDRES BRITISH VIRGIN ISLANDS 00 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 2.1 TITLE TITLE DVP UHRLE, MATHILDA 2.2 NAME NAME THE TROPIC ISLE BLDG 2.3 STREET ADDRESS STREET ADDRESS BRITISH VI 2.4 CITY-ST-ZIF CITY-ST Change Addition ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP □ DELETE Change Addition | 4.1 TITLE TITLE

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, with all other like empowered.

4.2 NAME

5.1 TITLE

52 NAME

61 TITLE

6.2 NAME

□ DELETE

☐ DELETE

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

SIGNATURE				
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NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF

Change

Change

Addition

☐ Addition