## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

P08525

(8)

VESENAZ (UNITED STATES), INC.

FILED
Feb 20 1998 8:00am
Secretary of State



Principal Place of Business Mailing Address					- I JOERHOEN HIN SELOK HEYDE SHINE HAREL BIRK DIDIN BUDIN	ENDER GIDEN BIBNE BIDER NOCH		
404 EAST 79TH STREET 404 EAST 79TH STREET								
40 40						DO NOT WRITE IN THIS SPACE		
NEW YORK NY 10021 NEW YORK NY 10021						3. Date Incorporated or Qualified	SFACE	
						12/24/1985		
2. Principal P	ace of Business	2a. Mailing A	ddress			4. FEI Number	Applied For	
21		26				52-1439762	Not Applicable	
			. #, etc.			<u> </u>	\$8.75 Additional	
27						5. Certificate of Status Desired	Fee Required	
City & State City & St			State			6. Election Campaign Financing	\$5.00 May Be	
23		28				Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	-	Country	,	8. This corporation owes or has paid the cur	- · - ·	
24	25 9. Name and Address of Curre	29	3	0		Personal Property Tax due June 30. L  10, Name and Address of New Registered A	Yes No	
	· <del></del> -	(0, Haine and Address of New Registered )	- Againt					
NAVON, SAMUEL ESQ.				B1				
% NAVON, KOPELMAN & O'DONNEL 2699 STIRLING ROAD				82	Street Add	dress (P.O. Box Number is Not Acceptable)		
FT. LAUDERDALE FL 33312			83	F		<del></del>		
'''	DAODENDALL I E 50012							
				84	City	FL	85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the abo					i e-named cor	rooration submits this statement for the purpose of	changing its registered	
Office or re	e <b>giste</b> red agent, or both, in the State m <b>fam</b> iliar with, and accept the oblig	e of Florida. Such ch	nang <b>e wa</b> s aut	thorized by	/ the corpora	alion's board of directors. I hereby accept the appr	ointment as registered	
SIGNATURE	Y	,						
	Signature typed or printed name of registered ag	jont and title if applicable	(NOTE: F	Reg-stered Age	nt signature requ	uired when reinstating) DATE		
12.		O DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	PTD		DELETE	1.1 TITLE			☐ Change ☐ Addition	
NAME POLLAN, STEPHEN M			1.2 NAME					
STREET ADDRESS	404 EAST 79TH STREET., S	1E 40		1.3 STREET			ļ	
CITY-ST-ZIP TITLE	NEW YORK NY 10021 VAS	——————————————————————————————————————	DELETE	2.1 TITLE	1-7IP		Change Addition	
NAME	MORROW, JANE K		DELETE	1			C. Cuange C. Municipi .	
STREET ADDRESS	404 EAST 79TH STREET., S	TE AD		2.2 NAME	ADDDCCC			
CITY-ST-ZIP	NEW YORK NY 10021	16 40		2.3 STREET 2. 4 CITY - 5				
TITLE	14211 10111 141 10021		DELETE	3.1 TITLE	51-211		Change Addition	
NAME		_		3.2 NAME				
STREET ADDRESS				3.3 STREET	ADDRESS			
CITY-ST-ZIP				3.4. CITY - S				
TALE			DELETE	4.1 TITLE			☐ Change ☐ Addition	
NAME				4. 2 NAME				
STREET ADDRESS				4.3 STREET	ADDRESS			
CITY-ST-ZIP				44 CITY-S	T-ZIP			
TITLE			DELETE	51 TITLE			☐ Change ☐ Addition	
NAME				5.2 NAME				
STREET ADORESS				5.3 STREET	ADDRESS			
CITY-ST-ZIP			DEL EST	5.4 CITY - S	T-ZiP	-		
TITLE		Ц	DELETE	6.1 TITLE			☐ Change ☐ Addition	
NAME				6.2 NAME				
STREET ADDRESS			į	6.3 STREET				
CITY-ST-ZIP				6.4 CITY - \$	T- 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 suppliemental 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 chapters or on an attachment with an address.