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Secretary of State
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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #850627

1. Corporation Name
SOTHYS U.S.A., INC.

Principal Place of Business	Mailing Address
1500 NW 94TH AVE MIAMI FL 33172	1500 NW 94TH AVE MIAMI FL 33172

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
10/16/1981

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number
59-2158173
☐ Applied For
☐ Not Applicable

5. Certifcate 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 the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CHRISTIAN GARCES DE MARCILLA
13900 SW 30 STREET
MIAMI FL 33175

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 607.0502 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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME MAS, BERNARD		1.2 NAME	
STREET ADDR 163 FBG ST HONORE		1.3 STREET ADDRESS	
CITY-ST-ZIP PARIS, FR 00000		1.4 CITY-ST-ZIP	
TITLE TD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME MAS, GEORGES		2.2 NAME	
STREET ADDR 163 FBG ST HONORE		2.3 STREET ADDRESS	
CITY-ST-ZIP PARIS, FR 00000		2.4 CITY-ST-ZIP	
TITLE AS	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME GARCES, VIVIANE		3.2 NAME	
STREET ADDR 13900 SW 30TH ST		3.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI, FL 00000		3.4 CITY-ST-ZIP	
TITLE SD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME MAS, JEAN PIERRE		4.2 NAME	
STREET ADDR 163 FBG ST HONORE		4.3 STREET ADDRESS	
CITY-ST-ZIP PARIS, FR 00000		4.4 CITY-ST-ZIP	
TITLE PD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME DE MARCILLA, CHRISITAN G		5.2 NAME	
STREET ADDR 13900 SW 30TH ST		5.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI, FL 00000		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (11/98)

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.

SIGNATURE: Christian Garces DM 1/29/99 305 794-4222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #