

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90304 001 *1,050.00

DOCUMENT # K28350

1. Corporation Name
AMERICAN HOROLOGICAL CORPORATION



Principal Place of Business
283 CATALONIA AVENUE
CORAL GABLES FL 33134

Mailing Address
283 CATALONIA AVENUE
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 14051 NW 14 St.

Suite, Apt. #, etc.

22

City & State

23 SUNRISE FL

24 Zip 33323

25 Country BEARDED

2a. Mailing Address

26 14051 NW 14 St.

Suite, Apt. #, etc.

27

City & State

28 SUNRISE FL

29 Zip 33323

30 Country BEARDED

3. Date Incorporated or Qualified

07/14/1988

4. FEI Number

65-0074221

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

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
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 607.0502 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

TITLE DPS ☐ DELETE
NAME GETZ, SAMUEL A
STREET ADDRESS 283 CATALONIA AVE
CITY-ST-ZIP CORAL GABLES FL

TITLE D ☒ DELETE
NAME ARNOT, ROBERT J.
STREET ADDRESS 45 ROCKEFELLER PLAZA
CITY-ST-ZIP NEW YORK NY

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CEO & PRESIDENT ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 14051 NW 14 St.
1.4 CITY-ST-ZIP SUNRISE, FL 33323

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE VICE PRESIDENT ☐ Change ☒ Addition
3.2 NAME VINCENT TUBERO
3.3 STREET ADDRESS 14051 NW 14 St.
3.4 CITY-ST-ZIP SUNRISE, FL 33323

4.1 TITLE SECRETARY ☐ Change ☒ Addition
4.2 NAME DAVID BOURDEAU
4.3 STREET ADDRESS 14051 NW 14 St.
4.4 CITY-ST-ZIP SUNRISE, FL 33323

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

6.1 TITLE ☐ Change ☐ Addition
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David Bourdeau, Secretary

4/15/99 (954) 846-2707

Date

Daytime Phone #

CR2E034 (1/98)

0196578