FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 3:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **682437** **(9)**

1. Corporation Name

COIFFEUR TRANSOCEAN (OVERSEAS), INC.

Principal Place of Business	Mailing Address
1007 NORTH AMERICA WAY 4TH FLOOR MIAMI FL 33132	1007 NORTH AMERICA WAY 4TH FLOOR MIAMI FL 33132

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/20/1980
3a. Date of Last Report: 02/01/1994

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: 59-2091127 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MACKOUL, WALTER E. ,ESQUIRE
5825 SUNSET DRIVE
SUITE 201
S MIAMI FL 33143

10. Name and Address of New Registered Agent

81 Name: FLUXMAN, LEONARD
82 Street Address (P.O. Box Number is Not Acceptable): 1007 N. AMERICAN WAY
83: FOURTH FLOOR
84 City: MIAMI FL 85 Zip Code: 33132

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: Leonard C Fluxman — 4.20.1995
(Signature of New Registered Agent, if changed) (Name of New Registered Agent, if changed, must be typed or printed) (NOTE: Registered Agent signature required when instructed) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	D	☒ Change ☐ Addition
NAME	KAYE, ANTHONY	12 NAME	KAYE, ANTHONY	
STREET ADDRESS	1007 NORTH AMERICA WAY	13 STREET ADDRESS	1007 N. AMERICAN WAY	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	MIAMI, FL 33132	
TITLE	V	21 TITLE	VD	☒ Change ☐ Addition
NAME	FENARD, ELAINE	22 NAME	FLUXMAN, LEONARD	
STREET ADDRESS	1007 NORTH AMERICA WAY	23 STREET ADDRESS	1007 N. AMERICAN WAY	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	MIAMI, FL 33132	
TITLE	V	31 TITLE	PD	☐ Change ☒ Addition
NAME	FLUXMAN, LEONARD	32 NAME	WARSHAW, CLIVE E.	
STREET ADDRESS	1007 N AMERICA WAY	33 STREET ADDRESS	1007 N. AMERICAN WAY	
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	MIAMI, FL 33132	
TITLE		41 TITLE	D	☐ Change ☒ Addition
NAME		42 NAME	STEINER, NICHOLAS	
STREET ADDRESS		43 STREET ADDRESS	1007 N. AMERICAN WAY	
CITY-ST-ZIP		44 CITY-ST-ZIP	MIAMI, FL 33132	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Leonard C Fluxman — 4.20.95 — 305.858.9002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0133677 CP