

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 20 PM 4:19

DOCUMENT # 808112 (7)

1. Corporation Name
VAN CLEEF & ARPELS INCORPORATED

Principal Place of Business: 249 WORTH AVENUE, PALM BEACH FL 33480
Mailing Address: 744 5TH AVENUE, NEW YORK NY 10019, US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/30/1949
3a. Date of Last Report: 05/17/1994

2. Principal Place of Business: 21. 744 FIFTH Avenue, 22. New York, NY, 23. 10019, 24. US
2a. Mailing Address: 26. 744 FIFTH Avenue, 27. New York, NY, 28. 10019, 29. US

4. FEI Number: 13-1615001
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: UNITED STATES CORPORATION COMPANY, 110 NORTH MAGNOLIA STREET, TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent: B1 Name, B2 Street Address (P.O. Box Number is Not Acceptable), B3, B4 City, FL, B5 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 registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	T
NAME	KRIEGSMAN, IRA D
STREET ADDRESS	744 5TH AVE
CITY-ST-ZIP	NEW YORK, NY.
TITLE	D
NAME	MANSBACH, PETER
STREET ADDRESS	1114 AVE OF THE AMERICAS
CITY-ST-ZIP	NEW YORK NY
TITLE	D
NAME	ARPELS, CLAUDE J
STREET ADDRESS	941 PARK AVE
CITY-ST-ZIP	NEW YORK NY
TITLE	D
NAME	ARPELS, ERIC
STREET ADDRESS	744 5TH AVE
CITY-ST-ZIP	NEW YORK NY
TITLE	S
NAME	BERG, ILLENE
STREET ADDRESS	744 5TH AVE
CITY-ST-ZIP	NEW YORK, NY.
TITLE	P
NAME	BARGUIRDJIAN, HENRI
STREET ADDRESS	744 5TH AVE
CITY-ST-ZIP	NEW YORK NY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(b), 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: *IRA D KRIEGSMAN* 1/10/95 (212) 310-9620
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: IRA D KRIEGSMAN