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CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra H. Murdick  
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

DO NOT WRITE IN THIS SPACE

Principal Place of Business 249 WORTH AVENUE PALM BEACH FL 33480	Mailing Address 744 5TH AVENUE NEW YORK NY 10019 US
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3. Date Incorporated or Qualified 12/30/1949	3a. Date of Last Report 05/17/1994
4. FEI Number 13-1615001	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 744 Fifth Avenue City & State 23 New York NY Zip 24 10019	2a. Mailing Address 26 Suite, Apt. #, etc. City & State 28 Zip 29 Country 30
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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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 date of appointment) (NOTE: Registered Agent Signature required when re-electing) 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 form is voluntarily furnished and does not qualify for the exemption stated in Sections 110.07(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 in person, 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*  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR  
IRA D KRIEGSMAN

1/10/95 (212) 310-9620