

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Jan 30 1996 8:00 am
Secretary of State

DOCUMENT # 808112 (7)

1. Corporation Name

VAN CLEEF & ARPELS INCORPORATED

Principal Place of Business

744 FIFTH AVE
NEW YORK NY 10019
US

Mailing Address

744 5TH AVENUE
NEW YORK NY 10019
US



2. Principal Place of Business
21 249 WORTH AVENUE

2a. Mailing Address
26 744 5TH AVENUE

3. Date Incorporated or Qualified
12/30/1949

3a. Date of Last Report
01/20/1995

4. FEI Number
13-1615001

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 PALM BEACH, FLA

City & State

28 NEW YORK, N.Y.

Zip Country
24 33480 25 US

Zip Country
29 10019 30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

UNITED STATES CORPORATION COMPANY
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301

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 of Registered Agent (to be printed and signed by the agent)

Signature of Registered Agent (signature required when filing change)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
T	KRIEGSMAN, IRA D	744 5TH AVE NEW YORK, NY.		<input checked="" type="checkbox"/>
D	MANSBACH, PETER	1114 AVE OF THE AMERICAS NEW YORK NY		<input type="checkbox"/>
D	ARPELS, CLAUDE J	941 PARK AVE NEW YORK NY		<input type="checkbox"/>
D	ARPELS, ERIC	744 5TH AVE NEW YORK NY		<input type="checkbox"/>
S	BERG, ILLENE	744 5TH AVE NEW YORK, NY.		<input type="checkbox"/>
P	BARGUIRDJIAN, HENRI	744 5TH AVE NEW YORK NY		<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE	Change	Addition
T	HOWARD FRIEDMAN	744 5TH AVE NEW YORK, NY		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/96

(212)310-9620

Date

Daytime Phone

CR2E034 (12/95)