

**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 <b>249 WORTH AVENUE</b>		2a. Mailing Address 26 <b>744 5TH AVENUE</b>		3. Date Incorporated or Qualified <b>12/30/1949</b>	3a. Date of Last Report <b>01/20/1995</b>
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number <b>13-1615001</b>	
23 City & State <b>PALM BEACH, FLA</b>		28 City & State <b>NEW YORK, N.Y.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24 Zip <b>33480</b>	25 Country <b>US</b>	29 Zip <b>10019</b>	30 Country <b>US</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent <b>UNITED STATES CORPORATION COMPANY 110 NORTH MAGNOLIA STREET TALLAHASSEE FL 32301</b>				10. Name and Address of New Registered Agent	
81 Name					
82 Street Address (P.O. Box Number is Not Acceptable)					
83					
84 City				<b>FL</b>	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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature typed on page 21. Name of registered agent on page 10. (Date of Registered Agent signature required when first filing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>T</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>T</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KRIEGSMAN, IRA D</b>	1.2 NAME	<b>HOWARD FRIEDMAN</b>
STREET ADDRESS	<b>744 5TH AVE</b>	1.3 STREET ADDRESS	<b>744 5TH AVE</b>
CITY-STATE-ZIP	<b>NEW YORK, NY.</b>	1.4 CITY-STATE-ZIP	<b>NEW YORK, NY</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MANSBACH, PETER</b>	2.2 NAME	
STREET ADDRESS	<b>1114 AVE OF THE AMERICAS</b>	2.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>NEW YORK NY</b>	2.4 CITY-STATE-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ARPELS, CLAUDE J</b>	3.2 NAME	
STREET ADDRESS	<b>941 PARK AVE</b>	3.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>NEW YORK NY</b>	3.4 CITY-STATE-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ARPELS, ERIC</b>	4.2 NAME	
STREET ADDRESS	<b>744 5TH AVE</b>	4.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>NEW YORK NY</b>	4.4 CITY-STATE-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BERG, ILLENE</b>	5.2 NAME	
STREET ADDRESS	<b>744 5TH AVE</b>	5.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>NEW YORK, NY.</b>	5.4 CITY-STATE-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARGUIRDJIAN, HENRI</b>	6.2 NAME	
STREET ADDRESS	<b>744 5TH AVE</b>	6.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>NEW YORK NY</b>	6.4 CITY-STATE-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)(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)