

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 808112 (7)

1. Corporation Name  
VAN CLEEF & ARPELS INCORPORATED

Principal Place of Business  
249 WORTH AVENUE  
PALM BEACH FL 33480  
US

Mailing Address  
744 5TH AVENUE  
NEW YORK NY 10019-2503  
US

3. Date Incorporated or Qualified  
12/30/1949

3a. Date of Last Report  
01/30/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0004251

FILED  
May 12 1997 8:00am  
Secretary of State



CR2E034 (9/96)