

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

CORPORATION ANNUAL REPORT 1995	 FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000001440 (7)

1. Corporation Name

CROWN AGENTS INTERNATIONAL LIMITED, INC.

Principal Place of Business

**901 PONCE DE LEON BLVD., SUITE 601
CORAL GABLES FL 33134**

Mailing Address

**901 PONCE DE LEON BLVD., SUITE 601
CORAL GABLES FL 33134**

**APPROVED
AND
FILED**

95 MAR 21 PM 3:53

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		03/16/1993	03/03/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		98-0133252	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		☐	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	
24	25	29	30	☐ Yes ☐ No	
B. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**ANDREWS, GLORIA
901 PONCE DE LEON BLVD., SUITE 601
CORAL GABLES FL 33134**

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 firm if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	BERRY, PETER F	1.2 NAME	
STREET ADDRESS	58 PYRLAND ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	LONDON, ENGLAND	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☒ Change ☐ Addition
NAME	DALE, HENRY	2.2 NAME	DALE, HENRY
STREET ADDRESS	36 HOMEFIELD ROAD, CHISWICK	2.3 STREET ADDRESS	36 HOMEFIELD ROAD, CHISWICK
CITY-ST-ZIP	LONDON, ENGLAND	2.4 CITY-ST-ZIP	LONDON, ENGLAND
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	JAMIESON, DAVID G	3.2 NAME	
STREET ADDRESS	3 BARHAM ROAD, PETERFIELD	3.3 STREET ADDRESS	
CITY-ST-ZIP	HAMPSHIRE, ENGLAND	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	MOULE, DEREK V	4.2 NAME	
STREET ADDRESS	ROSE COTTAGE, LONDON ROAD, SUNNINGDALE	4.3 STREET ADDRESS	
CITY-ST-ZIP	BERKSHIRE, ENGLAND	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	SLATER, AUBREY M	5.2 NAME	
STREET ADDRESS	OLE FARM, BULLS, HEAD GREEN, EWHURST	5.3 STREET ADDRESS	
CITY-ST-ZIP	SURREY, ENGLAND	5.4 CITY-ST-ZIP	
TITLE	AS	6.1 TITLE	☒ Change ☐ Addition
NAME	KENT, HEATHER A	6.2 NAME	KENT, HEATHER ANN
STREET ADDRESS	37 LOWER ROAD, SUTTON	6.3 STREET ADDRESS	23a Boscobee ROAD
CITY-ST-ZIP	SURREY, ENGLAND	6.4 CITY-ST-ZIP	WORCESTER PARK, SURREY, ENGLAND

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 110.07(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

HEATHER ANN KENT, SECRETARY

Date

9 MARCH 1995

Daytime Phone #