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Mar 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F93000001440 (7)

1. Corporation Name

CROWN AGENTS INTERNATIONAL LIMITED, INC.

Principal Place of Business

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

Mailing Address

801 PONCE DE LEON BLVD., SUITE 601
CORAL GABLES FL 33134-3073



100002112301
-03/13/97--01024--001

***165.00

3. Date Incorporated or Qualified
03/16/1993

3a. Date of Last Report
04/05/1996

2. Principal Place of Business

21 901 PONCE DE LEON BLVD

Suite, Apt. #, etc.

22 SUITE 203

City & State

23 CORAL GABLES FL

24 33134-

Country

2a. Mailing Address

26 901 PONCE DE LEON BLVD

Suite, Apt. #, etc.

27 SUITE 203

City & State

28 CORAL GABLES FL

Zip

29 33134-3073

Country

30

4. FEI Number

98-0133252

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

901 PONCE DE LEON BLVD, SUITE 203

83

84 City

CORAL GABLES

FL

85 Zip Code

33134

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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
D	BERRY, PETER F	58 PYRLAND ROAD	LONDON, ENGLAND	<input type="checkbox"/>
D	JAMIESON, DAVID G	3 BARHAM ROAD, PETERFIELD	HAMPSHIRE, ENGLAND	<input type="checkbox"/>
D	GODLEY, GRAHAM RONALD	2 ST JOSEPH VALE	BLACKHEATH LO	<input type="checkbox"/>
D	SLATER, AUBREY M	OLE FARM, BULLS, HEAD GREEN, EWHURST	SURREY, ENGLAND	<input type="checkbox"/>
S	KENT, HEATHER A	BOSCOMBE	WORCESTER PARK SU	<input type="checkbox"/>
D	HUGHES, MARK ROY	CLOCHE MERLE, MERLE COMMON	OXTED SU	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		ST. NICHOLAS HOUSE, ST NICHOLAS ROAD	SUTTON, SURREY, SM1 1EL ENGLAND	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		ST. NICHOLAS HOUSE, ST. NICHOLAS ROAD	SUTTON, SURREY, SM1 1EL ENGLAND	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		GODLEY, GRAHAM RONALD	ST. NICHOLAS HOUSE, ST. NICHOLAS ROAD	SUTTON, SURREY, SM1 1EL ENGLAND	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		ST. NICHOLAS HOUSE, ST. NICHOLAS ROAD	SUTTON, SURREY, SM1 1EL ENGLAND	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		ST. NICHOLAS HOUSE, ST. NICHOLAS ROAD	SUTTON, SURREY, SM1 1EL ENGLAND	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		ST. NICHOLAS HOUSE, ST. NICHOLAS ROAD	SUTTON, SURREY, SM1 1EL ENGLAND

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:

HEATHER ANN KENT COMPANY SECRETARY

18 FEBRUARY 1997

Date

Daytime Phone #

0190881

CR2E034 (9/96)