

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F94000000943 (0)

1. Corporation Name

B.P.H.R. (CALIFORNIA), INC.



Principal Place of Business

P.O. BOX 430
OAKVILLE CA 94562

Mailing Address

P.O. BOX 430
OAKVILLE CA 94562

2. Principal Place of Business

2a. Mailing Address

State Apt. #, etc.

State Apt. #, etc.

City & State

City & State

Zip

Country

Zip

24

25

29

30

9. Name and Address of Current Registered Agent

BOND, WILLIAM J
12018 DUNMORE CT.
ORLANDO FL 32821

3. Date Incorporated or Qualified

02/24/1994

3a. Date of Last Report

04/06/1995

4. FEI Number

94-2654935

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81. Name

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

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1508, Florida Statutes, this corporation hereby certifies that the information furnished herein is true and correct to the best of its knowledge and belief, and that the corporation is not aware of any material misstatements or omissions in this report.

I, the undersigned, being a duly authorized officer or director of the corporation, hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that I am not aware of any material misstatements or omissions in this report.

SIGNATURE

Signature of the person filing this report (if not the officer or director, the person must be authorized by the corporation to file this report)

Date of Filing

Signature of the person filing this report (if not the officer or director, the person must be authorized by the corporation to file this report)

Date

12. OFFICERS AND DIRECTORS

1. Name	2. Address	3. City	4. State	5. Zip	6. Delete
LEON, PATRICK	BARON PHILIPPE DE ROTHCHILD B.P. 117	33250 PAUILLAC, FRANCE			☐
HERAS, RAPHAEL	BARON PHILIPPE DE ROTHCHILD B.P. 117	33250 PAUILLAC, FRANCE			☐
EIZAGUIRRE, XAVIER D	BARON PHILIPPE DE ROTHCHILD B.P. 117	33250 PAUILLAC, FRANCE			☐
SCHIEPIER, GEORGE	P.O. BOX 430 N/A	OAKVILLE CA			☐

14. I, the undersigned, hereby certify that the information supplied with this filing is voluntarily furnished and is true and correct to the best of my knowledge and belief, and that I am not aware of any material misstatements or omissions in this report.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

Date

Signature of the person filing this report (if not the officer or director, the person must be authorized by the corporation to file this report)

CR2E034 (12/95)