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Jan 22 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 # **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 94562-0430**

3. Date Incorporated or Qualified

02/24/1994

3a. Date of Last Report

02/06/1996

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

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9. Name and Address of Current Registered Agent

**BOND, WILLIAM J
12018 DUNMORE CT.
ORLANDO FL 32821**

10. Name and Address of New Registered Agent

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

TITLE **C** ☐ DELETE
NAME **LEON, PATRICK**
STREET ADDRESS **BARON PHILIPPE DE ROTHCHILD B.P. 117**
CITY- ST- ZIP **33250 PAUILLAC, FRANCE**

TITLE **ST** ☐ DELETE
NAME **GUINCHARD, PIERRE**
STREET ADDRESS **BARON PHILIPPE DE ROTHCHILD B.P. 117**
CITY- ST- ZIP **33250 PAUILLAC, FRANCE**

TITLE **V** ☐ DELETE
NAME **EIZAGUIRRE, XAVIER D**
STREET ADDRESS **BARON PHILIPPE DE ROTHCHILD B.P. 117**
CITY- ST- ZIP **33250 PAUILLAC, FRANCE**

TITLE **P** ☐ DELETE
NAME **SCHEPPIER, GEORGE**
STREET ADDRESS **P.O. BOX 430 N/A**
CITY- ST- ZIP **OAKVILLE CA**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ 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

114196

707-944-4442

Date

Daytime Phone #

CR2E034 (9/96)