

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F94000002013 (0)

1. Corporation Name

ALLDERS INTERNATIONAL (USA) INC.

Principal Place of Business

1510 SE 17TH STREET  
#200  
FT. LAUDERDALE FL 33316  
US

Mailing Address

1510 SE 17TH STREET  
#200  
FT. LAUDERDALE FL 33316  
US



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt #, etc.

Suite, Apt #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324

3. Date Incorporated or Qualified

04/19/1994

3a. Date of Last Report

04/13/1995

4. FEI Number

94-3096511

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

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 of person or persons authorized to sign on behalf of corporation

(NOTE: Registered Agent's signature required when re-registering)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PD  
LIPSITH, H B  
4 MARTELLO RD.  
POOLE DORSET, ENGLAND

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

V  
BLAKELY, MICHAEL R  
140 BEACH PARK BLVD.  
FOSTER CITY CA 94404

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

S  
EMCH, T R  
580 CALIFORNIA  
SAN FRANCISCO CA 94104

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D  
TAYLOR, FRED W  
36 QUARRY RD.  
WINCHESTER HANTS, ENGLAND

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D  
PRIDEAUX, R D  
ROYAL LONDON HOUSE, CHRIST CHURCH RD.  
BOURNEMOUTH, ENGLAND

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

STP  
HALL, NICHOLAS  
6525 NW 54TH COURT  
LAUDERHILL FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE

12. NAME

13. STREET ADDRESS

14. CITY-ST-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

31. TITLE

32. NAME

33. STREET ADDRESS

34. CITY-ST-ZIP

41. TITLE

42. NAME

43. STREET ADDRESS

44. CITY-ST-ZIP

51. TITLE

52. NAME

53. STREET ADDRESS

54. CITY-ST-ZIP

61. TITLE

62. NAME

63. STREET ADDRESS

64. CITY-ST-ZIP

V/D

BLAKELY, MICHAEL R.  
12501 N.W. 10TH STREET  
SUNRISE, FL 33323

S/D

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 119.07(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 617, 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

MICHAEL R. BLAKELY, V.P.

8/5/96

954-763-8551

CR2E034 (3/96)