

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 # F94000003241 (6)

1. Corporation Name

DELANGE INTERNATIONAL, INC.



Principal Place of Business

Mailing Address

502 PARK AVE.  
SUITE 17A  
NEW YORK NY 10022

502 PARK AVE.  
SUITE 17A  
NEW YORK NY 10022

3. Date Incorporated or Qualified  
06/21/1994

3a. Date of Last Report  
03/17/1995

2. Principal Place of Business

21 110 EAST 57TH STREET

2a. Mailing Address

26 110 EAST 57TH STREET

22 Suite, Apt. #, etc.

22 SUITE 9A

27 Suite, Apt. #, etc.

27 SUITE 9A

23 City & State

23 NEW YORK, NY

28 City & State

28 NEW YORK, N.Y.

24 Zip

24 10022

25 Country

25 USA

29 Zip

29 10022

30 Country

30 USA

4. FEI Number  
13-3394851

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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 last filed applicable

(If Off. Registered Agent signature required when submitting)

DATE

12. OFFICERS AND DIRECTORS

TITLE VD  
NAME MAURER, DANIEL  
STREET ADDRESS 502 PARK AVENUE, STE 17-A  
CITY-ST-ZIP NEW YORK NY

☐ DELETE

TITLE P  
NAME USANNA, DIANA  
STREET ADDRESS 1751 AVENIDA ALVEAR  
CITY-ST-ZIP BUENOS AIRES, ARGENTINA

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

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STREET ADDRESS  
CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

110 EAST 57TH ST, STE 9A

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SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-14-96

DATE

Typed Name

CR2E034 (3/96)