SECOND-NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary_of State DIVISION OF CORPORATIONS

DOCUMENT # F9400003241 (6)

DELANGE INTERNATIONAL, INC.

APPROVED AND FILED

98 DEC 30 AM 10: 15

SECRETARY OF STATE TALLAHASSEE, FLORIDA



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| Principal Place | | Mailing Addres | | | | ļ | | | |
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| NEW YORK NY | 10022 | NEW YORK NY | 10022 | | | DO NOT WRIT | FE IN THIS | SPACE | |
| US | .voc. | US | TOUZE | | | 3. Date Incorporated or Qualified | 12 114 11110 | OI HOC | |
| | | | | | | 06/21/1994 | | | |
| 2. Principal P | Place of Business | 2a. Mailing Ad | dress | - | | 4. FEI Number | | _ Ar | plied For |
| 21 | | 26 | | | | 13-3394851 | | No | t Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. | #, etc. | | | 5. Certificate of Status Desired | | \$8.75 | |
| 22 | | 27 | | | | o, Certificate of Catala Bosina | | Fee Re | equired |
| City & State | te | City & Stat | te | | | 6. Election Campaign Financing | | \$5.00 | May Be |
| 23 | | 28 | | | | Trust Fund Contribution | | Added 1 | |
| Zip | Country | ∟ Zíp | | Country | _ | 8. This corporation owes or has pe | | | angible |
| 24 | 25 | 29 | 30 | | | Personal Property Tax due Jun | | Yes _ | No . |
| | 9. Name and Address of C | urrent Registered Agen | t | | | 10. Name and Address of New Ro | egistered A | Agent | |
| ĈŦ(| CORPORATION SYSTEM | , | - | 81 N | lame | | | | |
| 1200 | SOUTH PINE ISLAND ROA | ,D | | 82 S | troot Addr | ess (P.O. Box Number is Not Acceptate | hla\ | | |
| PLAN | NTATION FL 33324 | | | ا مناه | aeer vaan | ess (F.O. BOX Number is Not Acceptat | ui c) | | |
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| 48 5 | | 1007 JOO FL | 11 0000 | | | | | | |
| | t to the provisions of sections 60. | 7.0502 and 607.1508, Floa | rida Statutes, tr | ne above-nan | ned corpor | ration submits this statement for the pui on's board of directors. I bereby accept | rpose of cha | anging its re itment as re | gistered nistered |
| office or i | registered agent or both in the | State of Florida, Such ch: | ande was autho | | | | | | 9.010100 |
| office or agent, I a | t to the provisions of sections 60 registered agent, or both, in the am familiar with, and accept the | obligations of, section 60 | angė was autho 7.0505, Florida | onzed by the a Statutes. | · | • | tile appoin | | |
| | registered agent, or both, in the am familiar with, and accept the | obligations of, section 60 | angė was autho 7.0505, Florida | a Statutes. | · ·· | • | t tile appoin | | |
| SIGNATURE . | registered agent, or both, in the am familiar with, and accept the Signature, typed or printed name of register | | | | | uired when reinstating) | DATE | | |
| SIGNATURE . | Stgnature, typed or printed name of register OFFICER | | | | | | DATE | | |
| SIGNATURE | Signature, typed or printed name of register | red agent and title if applicable. | | Registered Agent | | uired when reinstating) | DATE ICERS ANI | | |
| SIGNATURE | Stgnature, typed or printed name of register OFFICER | red agent and title if applicable. | (NOTE: F | Registered Agent | | uired when reinstating) | DATE ICERS ANI | D DIRECTO | |
| SIGNATURE . | Signature, typed or printed name of register OFFICER | red agent and title if applicable. RS AND DIRECTORS | (NOTE: F | Registered Agent 13. 1.1 TITLE | signature requ | uired when reinstating) | DATE ICERS ANI | D DIRECTO | PRS IN 12 |
| SIGNATURE 12. TITLE NAME STREET ADDRESS | Signature, typed or printed name of register OFFICER VD MAURER, DANIEL | red agent and title if applicable. RS AND DIRECTORS | (NOTE: F | Registered Agent 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADD | signature requ | ulred when rehistating) ADDITIONS/CHANGES TO OFF | DATE FICERS ANI | D DIRECTO | PRS IN 12 |
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includated on usus 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 chapted, or on an attachment with an address.

De Lange Tntl Tnc. 110 Ews 57th Street New York, N. Y. 10022 (212) 486-9328/9

October 15,1998

Sandra B. Mortham Secretary of State Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re: Letter # 598A00041766

Dear Ms. Mortham,

Please look closely at the Xeroxed copy of the original form, which is enclosed. Mr. De Maurier had signed this copy, which had been faxed to him, while he was out of the country. So, he had actually signed the form, the only difference is that it was a faxed copy.

He is unable to sign the original at present, because he is still abroad, so I am sending what I have back to you, and including payment.

If there is still a problem, please call the office, at (212) 486-9328.

Thank you,

Anna Preato

Administrative Assistant