~~SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.~~
~~AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $275)~~

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 JUL -7 AM 9:38
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **F94000006625 (7)**

1. Corporation Name
VLAEMYNCK USA INC.

Principal Place of Business	Mailing Address
~~8 WHITE ST.~~ ~~RED BANK NJ 07701~~	~~8 WHITE ST.~~ ~~RED BANK NJ 07701~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/28/1994
3a. Date of Last Report:

2. Principal Place of Business 21 1000 VENITIAN WAY	2a. Mailing Address 26 SAME	4. FEI Number 22-2589417	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22 #1606	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23 MIAMI FLORIDA	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip / Country 24 33139-0305 / 25 USA	Zip / Country 29 / 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

MOUCHOT, PHILIPPE
1000 VENETIAN WAY, #1606
MIAMI FL 33139-0305

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP	1.1 TITLE	☐ Change ☐ Addition
NAME	MOUCHOT, PHILIPPE	1.2 NAME	
STREET ADDRESS	1000 VENETIAN WAY #1606	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33139-0305	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	VLAEMYNCK, ROLAND	2.2 NAME	
STREET ADDRESS	1 RUE DE WICARDENNE	2.3 STREET ADDRESS	
CITY-ST-ZIP	62202 BOULOGNE-SUR-MER FRANCE	2.4 CITY-ST-ZIP	
TITLE	~~D~~	3.1 TITLE	☐ Change ☐ Addition
NAME	~~WAUQUIER, JEAN CLAUDE~~	3.2 NAME	
STREET ADDRESS	~~1 RUE DE WICARDENNE~~	3.3 STREET ADDRESS	
CITY-ST-ZIP	~~62200 BOULOGNE SUR MER FRANCE~~	3.4 CITY-ST-ZIP	
TITLE	~~ST~~	4.1 TITLE	☐ Change ☐ Addition
NAME	~~CRAMER, MARTA~~	4.2 NAME	
STREET ADDRESS	~~1221 J. SCOTT COURT~~	4.3 STREET ADDRESS	
CITY-ST-ZIP	~~LAKEWOOD NJ 08701~~	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	JACOB ERIC	5.2 NAME	
STREET ADDRESS	2, rue de la côte Bernard	5.3 STREET ADDRESS	
CITY-ST-ZIP	69740 GENAS (FRANCE)	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (3/95)

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)(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: _____ Ph MOUCHOT June 29th 95 (305) 3334464
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0178400 FN