

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 # F95000000237 (6)

1. Corporation Name

HLJ U.S. INC.

Principal Place of Business

Mailing Address

% GOODMAN PHILLIPS & VINEBERG
430 PARK AVE.
NEW YORK NY 10022

% GOODMAN PHILLIPS & VINEBERG
430 PARK AVE.
NEW YORK NY 10022



2. Principal Place of Business	2a. Mailing Address
21 c/o GELFAND Suite, Apt. #, etc	26 c/o GELFAND Suite, Apt. #, etc
22 9400 S. DADELAND BLVD #100 City & State	27 9400 S. DADELAND BLVD #100 City & State
23 MIAMI, FL 33156 Zip Country	28 MIAMI, FL 33156 Zip Country
24 33156 25 USA	29 33156 30 USA

3. Date Incorporated or Qualified 01/12/1995	3a. Date of Last Report
4. FEI Number 52-1900974	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 S. PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name	ELLIOTT J. GELFAND
82 Street Address (P.O. Box Number is Not Acceptable)	9400 S. DADELAND BLVD.
83	SUITE # 100
84 City	MIAMI, FL
85 Zip Code	33156

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]
Signature of the person for the purpose of this filing, if not the corporation's registered agent.

ELLIOTT J. GELFAND
(NOTE: Registered Agent's signature required when resigning.)

6/17/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	KLEIN, JOANNE	1.2 NAME	
STREET ADDRESS	RR 1	1.3 STREET ADDRESS	
CITY - ST - ZIP	NORWICH VT 05055	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	KLEIN-GLAISHER, JODI	2.2 NAME	
STREET ADDRESS	29800 BEAR TRAIL	2.3 STREET ADDRESS	
CITY - ST - ZIP	STEAMBOAT SPRINGS CO 80488	2.4 CITY - ST - ZIP	
TITLE	SD	3.1 TITLE	☒ Change ☐ Addition
NAME	KLEIN, LISA	3.2 NAME	
STREET ADDRESS	334 S. 19TH ST.	3.3 STREET ADDRESS	SD KLEIN, LISA
CITY - ST - ZIP	PHILADELPHIA PA 19103	3.4 CITY - ST - ZIP	421 CANNON COURT
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		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	

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: X

[Signature]
SIGNATURE (TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

JOANNE KLEIN

7/1/96

617-261-3330

CR2E034 (3/96)