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Apr 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F96000003551 (6)

1. Corporation Name

BIRGER CHRISTENSEN (USA), INC.

Principal Place of Business

150 WEST 30TH ST.
NEW YORK NY 10001

Mailing Address

150 WEST 30TH ST.
NEW YORK NY 10001-4009

3. Date Incorporated or Qualified

07/15/1986

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

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City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

13-3701963

Applied For

Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

LOPEZ, MARITZA
7537 NW 85TH AVE.
PLANTATION FL 33313

10. Name and Address of New Registered Agent

81

Name

Maritza Lopez

82

Street Address (P.O. Box Number is Not Acceptable)

15371 NW 65th Avenue, Suite #7

83

84

City

Plantation

FL

85

Zip Code

33313

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 and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE

P

NAME

SPYROPOULOS, CHRIS

STREET ADDRESS

6 MONIKA CT.

CITY - ST - ZIP

BETHPAGE NY 11714

TITLE

V

NAME

ALCIVIADES, JOHN

STREET ADDRESS

12 THEODORE DR.

CITY - ST - ZIP

PLAINVIEW NY 11718

TITLE

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NAME

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STREET ADDRESS

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CITY - ST - ZIP

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TITLE

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STREET ADDRESS

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CITY - ST - ZIP

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TITLE

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NAME

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STREET ADDRESS

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CITY - ST - ZIP

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13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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Change

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Addition

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Addition

14. I do hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

Date

(212) 947-7910

Daytime Phone #

0004618

CR2E034 (9/96)