

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

FILED
Aug 05 1998 8:00am
Secretary of State

DOCUMENT # **F97000001965 (9)**

1. Corporation Name
ARTIME U.S.A. CORPORATION

Principal Place of Business
**505 PARK AVENUE
NEW YORK NY 10022**

Mailing Address
**505 PARK AVENUE
NEW YORK NY 10022**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/15/1997

4. FEI Number
95-4198006

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 owes or has paid the current year intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

**HARRIS, ANDREA
380 SE WIZNER BLVD., #1717
BOCA RATON FL 33432**

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

Murtaza Ladha
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

MURTAZA LADHA TREASURER

7/27/98

12. OFFICERS AND DIRECTORS

TITLE **C** ☒ DELETE
NAME **IACONO, FRANCESCO**
STREET ADDRESS **505 PARK AVENUE**
CITY-ST-ZIP **NEW YORK NY 10022**

TITLE **P** ☐ DELETE
NAME **WILENSKY, HAL**
STREET ADDRESS **505 PARK AVENUE**
CITY-ST-ZIP **NEW YORK NY 10022**

TITLE **S** ☐ DELETE
NAME **GORI-MONTANELLI, RICCARDO**
STREET ADDRESS **505 PARK AVENUE**
CITY-ST-ZIP **NEW YORK NY 10022**

TITLE **T** ☐ DELETE
NAME **LADHA, MURTAZA**
STREET ADDRESS **505 PARK AVENUE**
CITY-ST-ZIP **NEW YORK NY 10022**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **BOARD OF DIRECTOR**
5.3 STREET ADDRESS **ROBERTO FARGION**
5.4 CITY-ST-ZIP **505 PARK AVENUE**
NEW YORK, NY 10022

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME **BOARD OF DIRECTOR**
6.3 STREET ADDRESS **PAOLO DORIA**
6.4 CITY-ST-ZIP **505 PARK AVENUE**
NEW YORK, NY 10022

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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 as an attachment with an address.

SIGNATURE

Murtaza Ladha
MURTAZA LADHA

7/27/98

212 466 6900

CR2E034 (5/98)