

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jul 22, 1999 8:00 am
Secretary of State

07-22-1999 90018 035 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **F97000003730**

1. Corporation Name
HUGUES CHEVALIER, INC.



| | |
|--|--|
| Principal Place of Business C/O JOHN M. KRIZ ESO/ 156 WEST 56TH ST 22ND FLOOR NEW YORK NY 10019 | Mailing Address C/O JOHN M. KRIZ ESO/ 156 WEST 56TH ST 22ND FLOOR NEW YORK NY 10019 |
|--|--|

DO NOT WRITE IN THIS SPACE

| |
|---|
| 3. Date Incorporated or Qualified 07/17/1997 |
| 4. FEI Number 13-3913487 |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

| | |
|--|---|
| 2. Principal Place of Business 21 C/O STUDIUM V Suite, Apt. #, etc. 22 150 EAST 58th Street City & State 23 New York, NY Zip Country 24 10155 25 USA | 2a. Mailing Address 26 C/O STUDIUM V Suite, Apt. #, etc. 27 150 EAST 58th Street City & State 28 New York, NY Zip Country 29 10155 30 USA |
|--|---|

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
 1200 SO PINE ISLAND RD
 PLANTATION FL 33324

| |
|---|
| 81 Name |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 |
| 84 City |
| 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|-------------------------------------|
| TITLE | C <input type="checkbox"/> DELETE |
| NAME | OGLIASTRO, BERNARD |
| STREET ADDRESS | 24 PLACE DU GENERAL CATROUX 75017 |
| CITY-ST-ZIP | PARIS FRANCE |
| TITLE | PTD <input type="checkbox"/> DELETE |
| NAME | CARADEUC, ALAIN |
| STREET ADDRESS | 24 PLACE DU GENERAL CATROUX 75017 |
| CITY-ST-ZIP | PARIS FRANCE |
| TITLE | V <input type="checkbox"/> DELETE |
| NAME | OGLIASTRO, HERVE |
| STREET ADDRESS | 24 PLACE DU GENERAL CATROUX 75017 |
| CITY-ST-ZIP | PARIS FRANCE |
| TITLE | S <input type="checkbox"/> DELETE |
| NAME | KRIZ, JOHN M |
| STREET ADDRESS | 156 WEST 56TH STREET, 22ND FLOOR |
| CITY-ST-ZIP | NEW YORK NY 10019 |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | MEITUS, DAVID |
| STREET ADDRESS | 150 EAST 58TH STREET |
| CITY-ST-ZIP | NEW YORK NY 10155 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)