FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 19 PM 4:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H14083 (0)

1. Corporation Name
CATHELLE U.S.A., INC.

Principal Place of Business	Mailing Address
20803 BISCAYNE BLVD., STE. 200 AVENTURA FL 33180	20803 BISCAYNE BLVD., STE. 200 AVENTURA FL 33180

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21 4100 North Powerline	2a. Mailing Address 26 Same As Above.
Suite, Apt. #, etc. 22 Bldg U-2	Suite, Apt. #, etc. 27
City & State 23 Pompano Beach, FL	City & State 28
Zip / Country 24 33073 / 25 U.S.	Zip / Country 29 / 30

3. Date Incorporated or Qualified: 07/26/1994
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2437282 ☐ 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
7. This corporation has liability for intangible tax under S.199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

SCHNEIDER, ALAN B
20803 BISCAYNE BLVD., STE. 200
AVENTURA FL 33180

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	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	CAPLAN, JEFFREY	1.2 NAME	
STREET ADDRESS	1936 ST. REGIS BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	DORVAL QUEBEC, CANADA	1.4 CITY-ST-ZIP	
TITLE	DVT	2.1 TITLE	☐ Change ☐ Addition
NAME	RAPPAPORT, STEWART	2.2 NAME	
STREET ADDRESS	1936 ST. REGIS BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	DORVAL QUEBEC, CANADA	2.4 CITY-ST-ZIP	
TITLE	DSV	3.1 TITLE	☐ Change ☐ Addition
NAME	LOWENTHAL, IVAN	3.2 NAME	
STREET ADDRESS	1936 ST. REGIS BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	DORVAL QUEBEC, CANADA	3.4 CITY-ST-ZIP	
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)(i), Florida Statutes. I further certify that the information indicated on this 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 added on an attachment with an address.

SIGNATURE: Jeffrey Caplan DP March 28/95 514-685-2300
SIGNATURE AND TITLE OR TYPED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0197004 CP