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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 12:50

DOCUMENT # K39655 (1)

1. Corporation Name

JUPITER PARTNER INC.

Principal Place of Business	Mailing Address
2601 BISCAYNE BLVD MIAMI FL 33137	2601 BISCAYNE BLVD MIAMI FL 33137

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/14/1988
3a. Date of Last Report: 06/06/1994

2. Principal Place of Business (21):
2a. Mailing Address (26):

Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):

City & State (23):
City & State (28):

Zip (24): Country (25):
Zip (29): Country (30):

4. FEI Number: 65-0205934 ☐ 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

KUNDE, PATRICIA A.
2601 BISCAYNE BLVD
MIAMI FL 33137

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	PC	1.1 TITLE	PC	☒ Change ☐ Addition
NAME	SCHROEDER, ANDRES	1.2 NAME	SCHROEDER, ANDERS	
STREET ADDRESS	170 FIFTH AVE. SUITE 800	1.3 STREET ADDRESS	55 5TH AVE, 17TH FLOOR	
CITY-ST-ZIP	NEW YORK NY	1.4 CITY-ST-ZIP	NEW YORK, NY 10003	
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	PAULSEN, FREDERIK	2.2 NAME		
STREET ADDRESS	21 BOULEVARD ST.	2.3 STREET ADDRESS		
CITY-ST-ZIP	PARIS, FRANCE	2.4 CITY-ST-ZIP		
TITLE	TSD	3.1 TITLE	TSD	☒ Change ☐ Addition
NAME	STEIN, SHELDON	3.2 NAME	STEIN, SHELDON	
STREET ADDRESS	170 FIFTH AVE. SUITE 800	3.3 STREET ADDRESS	55 5TH AVE, 17TH FLOOR	
CITY-ST-ZIP	NEW YORK NY	3.4 CITY-ST-ZIP	NEW YORK, NY 10003	
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	CEDERSCHOLD, MARC	4.2 NAME		
STREET ADDRESS	26 RUE DES CORDEHERES	4.3 STREET ADDRESS		
CITY-ST-ZIP	PARIS, FRANCE	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 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 attached sheet, with an address.

SIGNATURE: X _____ 2/6/95 212 675-6900
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date (Daytime Phone)

0143060 CP