CORPORATION ANNUAL REPORT

1994 1995

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

1995 MAR -9 AM 6:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name

VESENAZ (UNITED STATES), INC.

DOCUMENT # P08525 (8)

Mailing Address
251 Royal Palm Way, #602
Post Office Box 2715
Palm Beach, FL 33480

Principal Place of Business
251 Royal Palm Way, #602
Post Office Box 2715
Palm Beach, FL 33480

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/24/1985

3a. Date of Last Report:

2. Mailing Address 21:

2a. Principal Place of Business 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: 52-1439762 ☐ 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. Nonprofit Exempt from $138.75 Supplemental Fee ☐

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

DE MENDOZA, MARIO G. III
251 ROYAL PALM WAY, 6TH FLOOR
~~P.O. BOX 2715~~
PALM BEACH, FLORIDA 33480

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 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	P/T/D	11 TITLE	
12 NAME	Maragon, John F.	12 NAME	
13 STREET ADDRESS	251 Royal Palm Way	13 STREET ADDRESS	
14 CITY-ST-ZIP	Palm Beach, FL 33480	14 CITY-ST-ZIP	
21 TITLE	V/AS	21 TITLE	580001425925 -03/10/95--01030--007 ****200.00 ****200.00
22 NAME	Mendoza, Mario G. de III	22 NAME	
23 STREET ADDRESS	251 Royal Palm Way	23 STREET ADDRESS	
24 CITY-ST-ZIP	Palm Beach, FL 33480	24 CITY-ST-ZIP	
31 TITLE	S/D	31 TITLE	
32 NAME	Junda, Christopher J.	32 NAME	
33 STREET ADDRESS	251 Royal Palm Way	33 STREET ADDRESS	
34 CITY-ST-ZIP	Palm Beach, FL 33480	34 CITY-ST-ZIP	
41 TITLE	AS	41 TITLE	
42 NAME	Wilkinson, Debra	42 NAME	
43 STREET ADDRESS	251 Royal Palm Way	43 STREET ADDRESS	
44 CITY-ST-ZIP	Palm Beach, FL 33480	44 CITY-ST-ZIP	
51 TITLE		51 TITLE	
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY-ST-ZIP		54 CITY-ST-ZIP	
61 TITLE		61 TITLE	OPS
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	3-8
64 CITY-ST-ZIP		64 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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: (X) _____ (X) 2/23/95 (407) 659-1111
SIGNATURE AND TYPED OR PRINTED NAME OF EXECUTING OFFICER OR DIRECTOR — Date — Daytime Phone #

John F. Maragon, President