FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

APPROVED
AND
FILED

1997 JUN 20 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **P08525** **(8)**

1. Corporation Name
VESENAZ (UNITED STATES), INC.

Principal Place of Business	Mailing Address
251 ROYAL PALM WAY, SUITE 602 POST OFFICE BOX 2715 PALM BEACH FL 33480	251 ROYAL PALM WAY, SUITE 602 POST OFFICE BOX 2715 PALM BEACH FL 33480-2715

3. Date Incorporated or Qualified: 12/24/1985
3a. Date of Last Report: 03/12/1996

2. Principal Place of Business	2a. Mailing Address
21 404 East 79th Street	26 404 East 79th Street
Suite, Apt. #, etc.: 22 4D	Suite, Apt. #, etc.: 27 4D
City & State: 23 New York, NY	City & State: 28 New York, NY
Zip: 24 10021 Country: 25 USA	Zip: 29 10021 Country: 30 USA

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

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DE MENDOZA, MARIO G. III 251 ROYAL PALM WAY, SUITE 602 POST OFFICE BOX 2715 PALM BEACH FL 33480	81 Name: Samuel Navon, Esq. 82 Street Address (P.O. Box Number is Not Acceptable): Navon, Kopelman & O'Donnel 83: 2699 Stirling Road 84 City: Ft. Lauderdale FL 85 Zip Code: 33312

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 _____ 6/16/97
Signature, typed or printed name of registered agent and title if applicable — NOTE: (Registered Agent's signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	☒ DELETE	1.1 TITLE	PTD	☒ Change ☐ Addition
NAME	MARAGON, JOHN F.		1.2 NAME	Stephen M. Pollan	
STREET ADDRESS	251 ROYAL PALM WAY		1.3 STREET ADDRESS	404 East 79th Street, Suite 4D	
CITY-ST-ZIP	PALM BEACH FL 33480		1.4 CITY-ST-ZIP	New York, New York 10021	
TITLE	VAS	☒ DELETE	2.1 TITLE	VAS	☒ Change ☐ Addition
NAME	MENDOZA, MARIO G. DE III		2.2 NAME	Jane K. Morrow	
STREET ADDRESS	251 ROYAL PALM WAY		2.3 STREET ADDRESS	404 East 79th Street, Suite 4D	
CITY-ST-ZIP	PALM BEACH FL 33480		2.4 CITY-ST-ZIP	New York, New York 10021	
TITLE	SD	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	JUNDA, CHRISTOPHER J.		3.2 NAME		
STREET ADDRESS	251 ROYAL PALM WAY		3.3 STREET ADDRESS	300002220833--1	
CITY-ST-ZIP	PALM BEACH FL 33480		3.4 CITY-ST-ZIP	-06/24/97--01007--025 ****550.00 ****550.00	
TITLE	AS	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WILKINSON, DEBRA		4.2 NAME		
STREET ADDRESS	251 ROYAL PALM WAY		4.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH FL 33480		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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.

SIGNATURE: _____ Stephen M. Pollan 5/5/97 (212) 737-2717