

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P15696 (8)

1. Corporation Name

VACSYN, INC.



Principal Place of Business

111 E. MADISON ST., SUITE 2400
P.O. BOX 1531
TAMPA FL 33601

Mailing Address

111 E. MADISON ST., SUITE 2400
P.O. BOX 1531
TAMPA FL 33601

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/26/1987

3a. Date of Last Report

04/14/1995

4. FEI Number

59-2818835

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

10. Name and Address of New Registered Agent

BIERLEY, JOHN C.
111 MADISON STREET
SUITE 2400
TAMPA FL 33602

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

Signature typed or printed name of registered agent and then applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME PD
CHEDIA, LOUIS A.
STREET ADDRESS 2424 TAMPA BAY BLVD.
CITY, ST, ZIP TAMPA FL

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME EVP
PIERRE, LERANCIER
STREET ADDRESS 33 BOULEVARD DE GENERAL
CITY, ST, ZIP PARIS, FRANCE

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME VD
AUDIBERT, FRANCOISE M.
STREET ADDRESS 33, BOULEVARD DU GENERAL
CITY, ST, ZIP PARIS, FRANCE

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME D
CEUZIN, PAUL
STREET ADDRESS 33, BOULEVARD DU GENERAL
CITY, ST, ZIP PARIS, FRANCE

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME S
BIERLEY JOHN C.
STREET ADDRESS 111 E. MADISON ST., SU.2400
CITY, ST, ZIP TAMPA FL 33602

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME D
WILLIAM PIERRE
STREET ADDRESS 33, BOULEVARD DU GENERAL
CITY, ST, ZIP PARIS, FRANCE

6.1 TITLE ☐ Change ☐ Addition

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LOUIS CHEDIA 2/20/96

Date

Daytime Phone #

CR2E034 (12/95)