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FILED
May 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 33601-1531

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified
08/26/1987

3a. Date of Last Report
03/05/1996

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

9. Name and Address of Current Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

☐ DELETE

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

☐ DELETE

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

☐ DELETE

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

☐ DELETE

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

☐ DELETE

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

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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

Louis Chedid

06/25/1997

CR2E034 (9/96)