

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR -8 PM 2: 01

DOCUMENT # **P21192** (0)

1. Corporation Name
ETIENNE AIGNER, INC.

Principal Place of Business Mailing Address
47 BRUNSWICK AVENUE EDISON NJ 08818 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **10/06/1988** 3a. Date of Last Report **03/23/1994**

2. Principal Place of Business 2a. Mailing Address

21 Suito, Apt. #, etc. 26 Suito, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

4. FEI Number **13-3473483** 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

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **CEO**
NAME **CHAVEZ, ROBERT**
STREET ADDRESS **712 FIFTH AVENUE**
CITY-ST-ZIP **NEW YORK NY**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **DIRECTOR**
NAME **DOWLING, SEAN**
STREET ADDRESS **1 ST ANDREW'S COURT**
CITY-ST-ZIP **OXFORDSHIRE, ENGLAND**

2.1 TITLE **DIRECTOR** Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **SV**
NAME **CANGEMI, MICHAEL P**
STREET ADDRESS **47 BRUNSWICK AVE.**
CITY-ST-ZIP **EDISON NY**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **VAG-**
NAME **RANDALL, MARTIN**
STREET ADDRESS **712 FIFTH AVENUE**
CITY-ST-ZIP **NEW YORK NY 10019**

4.1 TITLE **DIRECTOR** Change Addition
4.2 NAME **Elie HOUSHAN**
4.3 STREET ADDRESS **535 MADISON AVE.**
4.4 CITY-ST-ZIP **New York, NY**

TITLE **S**
NAME **SCHELGEL, PATRICIA**
STREET ADDRESS **712 5TH AVE.**
CITY-ST-ZIP **NEW YORK NY 10019**

5.1 TITLE Change Addition
5.2 NAME **CHARLES ENGROS**
5.3 STREET ADDRESS **101 PARK AVE.**
5.4 CITY-ST-ZIP **New York, NY 10178**

TITLE
NAME
STREET ADDRESS
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: *Michael P. Cangemi* Michael P. Cangemi

(908) 242-9200