

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90038 025 ***150.00

DOCUMENT # P21620

1. Corporation Name

VIRGINIA MANAGEMENT CORP.

Principal Place of Business

CORPORATION TRUST CENTER
1209 ORANGE STREET
WILMINGTON DE 19801

Mailing Address

CORPORATION TRUST CENTER
1209 ORANGE STREET
WILMINGTON DE 19801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/03/1988

4. FEI Number

65-0105995

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 owes the current year Intangible

Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 2665 S Bayshore Drive
Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 Suite 302
City & State

27 City & State

23 Coconut Grove FL

28

24 33133

Country USA

29

Country

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND BLVD.
PLANTATION FL 33324

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 DP ☐ DELETE

NAME SALET, B
STREET ADDRESS TOUR VOLTAIRE
CITY-ST-ZIP 92059 PARIS FR

TITLE DV ☐ DELETE

NAME LEROLLAND, E
STREET ADDRESS TOUR VOLTAIRE
CITY-ST-ZIP 92059 PARIS FR

TITLE D ☒ DELETE

NAME LEROLLAND, E
STREET ADDRESS TOUR VOLTAIRE
CITY-ST-ZIP 92059 PARIS FR

TITLE S ☒ DELETE

NAME MEUNIER, J
STREET ADDRESS 2665 S BAYSHORE DR, STE 302
CITY-ST-ZIP COCONUT GRAVE FL 33133

TITLE D ☐ DELETE

NAME PIETRI, MARC
STREET ADDRESS 153 BLVD. HAUSSMANN
CITY-ST-ZIP PARIS 75008 FRANCE

TITLE D ☐ DELETE

NAME EMPEREUR, J
STREET ADDRESS TOUR VOLTAIRE
CITY-ST-ZIP 92059 PARIS FR

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

Jean Marc Canac
Tour Voltaire
92059 Paris France

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Phone #

CR2E034 (11/98)