FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY 19 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P92000004607 (7)**

1. Corporation Name
AMNESIA INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
136 COLLINS AVE MIAMI BEACH FL 33139 US	136 COLLINS AVE MIAMI BEACH FL 33139 US

3. Date Incorporated or Qualified: 11/16/1992
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0378341 — 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

2. Principal Place of Business / 2a. Mailing Address
21 / 26
22 Suite, Apt. #, etc. / 27 Suite, Apt. #, etc.
23 City & State / 28 City & State
24 Zip / 25 Country / 29 Zip / 30 Country

9. Name and Address of Current Registered Agent

MARTIN MIGUEL A.
848 BRICKELL AVENUE
830
MIAMI FL 33131

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 617.0502, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	TITLE	Director/President
NAME	BOUDOU, ANDRE	NAME	Yves,Victor Uzan
STREET ADDRESS	136 COLLINS AVENUE	STREET ADDRESS	136 Collins Avenue
CITY-ST-ZIP	MIAMI BEACH FL	CITY-ST-ZIP	Miami Beach, FL 33139
TITLE	D	TITLE	
NAME	UZAN VICTOR YVES	NAME	
STREET ADDRESS	136 COLLINS AVE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07, 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

5/15/95 — 305 374 4402

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