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

CORPORATION ANNUAL REPORT



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

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SIGNATURE:

P92000015387 (3)

DOCUMENT # 1. Corporation Name CONCORDE USA, INC. Mailing Address Principal Place of Business 507 SE MIZNER BLVD 507 SW MIZNER BLVD 1E FRENCH CAFE LE FRENCH CAFI **BOCA RATON FL 33432 BOCA RATON FL 33432** 3a. Date of Last Report 3. Date Incorporated or Qualified 12/31/1992 03/07/1995 4 FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 50 65-0384659 SE MIZNER HUD 26 Not Applicable 21 Suite, Apt. +, Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired LE. FRENCH CAFE Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution MOTALS Added to Fees 23 28 33432 8. This corporation has liability for intangible tax under s 199.032, **Z**ip Country ☐ Yes X No Florida Statutes 30 29 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FINLEY, CHANDLER R Street Address (P.O. Box Number is Not Acceptable) 82 1645 PALM BEACH LAKES BLVD 83 SUITE 300 WEST PALM BEACH FL 33401-2215 City Zip Code 84 85 0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am \$40,000,000, Florida Statutes. 11. Pursuant to the provisions of Sections & or registered agent, or both, in the State familiar with, and accept the obligations SIGNATURE Signature, typed or printed name of r of and title Xapplicable
OP DIRECTORS (NOTE: Registered Agent signature required when reinstaling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICE 13. ☐ DELETE Addition 1 1 TITLE TITLE SEGUI, MICHEL 1.2 NAME NAME 507 MIZNER BLVD 1.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33432** 1.4 C(TY - ST - Z)P CITY-ST-ZIP Change ☐ Addition DELETE 2. 1 TITLE TITLE SEGUI, ALICE 2.2 NAME NAME **507 MIZNER BLVD** 2.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33432** 2.4 City-St-ZiP CITY-ST-ZIP DELETE Change ■ Addition 3.1 THE TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34 CITY-ST-ZIP CITY-ST-ZIP ■ Addition DELETE 4 1 TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP ☐ Addition DELETE TITLE 5 1 TITLE ' 52 NAME 11 100 -04/22/96--01071--033 \*\*\*200.00 NAME 5.3 STREET-ADDRESS STREET ADDRESS 5 4 CITY-ST-ZIP CHTY - ST - ZIP DELETE TITLE 6 1 TITLE NAME 62 NAME 63 STREET ADDRESS STREET ADDRESS 64 CHY-ST-ZIP 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 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 eceiver 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 in the neged, or on an attachment with an address.

NTED NAME OF SIGNING OFFICER OR DIRECTOR

32E034 (12/95)