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

MAY -1 PM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000076030 (4)

1. Corporate Name

CAVIAR HOUSE ENTERPRISES U.S.A., INC.

Principal Place of Business

~~MIAMI INTERNATIONAL AIRPORT~~
~~ADMIRAL CLUB CONCOURSE D~~
~~MIAMI FL~~

Mailing Address

~~P O BOX 997990~~
~~ADMIRAL CLUB CONCOURSE D~~
~~MIAMI FL 33299~~
~~US~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21	26 1031 MATANZAS AV
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Coral Gables FL
Zip 24 / Country 25	Zip 29 33146 / Country 30 USA

3. Date Incorporated or Qualified: 11/03/1993

3a. Date of Last Report: 05/01/1994

4. FEI Number: 65-0447083 — 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

SCHWARTZ, TERRENCE S ESQ.
141 N.E. THIRD AVENUE
STE. 601
MIAMI FL 33132

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	NAAMAN, MAHA M.	NAME	
STREET ADDRESS	1031 MATANZAS AVENUE	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	CITY-ST-ZIP	
TITLE	T	TITLE	☐ Change ☐ Addition
NAME	NAAMAN, MAHA	NAME	
STREET ADDRESS	1031 MATANZAS AVE	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLE FL	CITY-ST-ZIP	
TITLE	V	TITLE	President ☒ Change ☐ Addition
NAME	HENRIQUES, ROBEIZ M	NAME	HENRIQUES REBEIZ MIKAELA
STREET ADDRESS	P O BOX 997990	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	
TITLE	P	TITLE	Vice President ☒ Change ☐ Addition
NAME	REBEIZ, GEORGES	NAME	
STREET ADDRESS	P O BOX 997990 N/A	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	
TITLE	P	TITLE	☐ Change ☐ Addition
NAME	REBEIZ, GEORGES	NAME	
STREET ADDRESS	1031 MATANZAS AVE	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I do hereby certify that the information supplied with the filing is voluntarily furnished and 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: M Naaman MAHA M. NAAMAN — 4/30/95 — 305 284 0177

Signature and typed or printed name of signing officer or director — Date — Daytime Phone #

0432843 FP