CORPORATION ANNUAL REPORT 1995

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

AMENDED AND FILED

'95 MAY -1 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000030937 (4)

1. Corporation Name

S.B.S. (U.S.A.), INC.

Principal Place of Business	Mailing Address
100 N. BISCAYNE BLVD. SUITE 1707 MIAMI FL 33132	100 N. BISCAYNE BLVD. SUITE 1707 MIAMI FL 33132

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/16/1994

3a. Date of Last Report:

2. Principal Place of Business (21): 4301 N. Federal Hwy.

2a. Mailing Address (26): 4301 N. Federal Hwy

Suite, Apt. #, etc. (22):

Suite, Apt. #, etc. (27):

City & State (23): Boca Raton, FL

City & State (28): Boca Raton, FL

Zip (24): 33431 Country (25):

Zip (29): 33431 Country (30):

4. FEI Number: 65-0493892 ☐ 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 § 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BERGER, DAVID S
100 N. BISCAYNE BLVD.
SUITE 1707
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 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) (DATE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	11 TITLE	☒ Change ☐ Addition
NAME	HORN, JACQUES	12 NAME	
STREET ADDRESS	900 BAY DRIVE, APT. 205	13 STREET ADDRESS	4301 N. Federal Hwy
CITY ST ZIP	MIAMI BEACH FL 33141	14 CITY ST ZIP	Boca Raton, FL 33431
TITLE	VSD	21 TITLE	☐ Change ☐ Addition
NAME	BELOLO, BESALEL	22 NAME	
STREET ADDRESS	ARMENTIERES EN BRIE, DOMAINE DU VIGNOIS	23 STREET ADDRESS	
CITY ST ZIP	SEINE ET MARNE, FRANCE	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental financial 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: X Jacques Horn

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

Apr 1 2:44 95

Date

407/368-7769

Daytime Phone #

0133555 CP