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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 8:33

DOCUMENT # P94000060640 (7)

1. Corporation Name
PAPILLON USA, INC.

Principal Place of Business	Mailing Address
115 1ST STREET EAST APT. 106 ST. PETERSBURG FL 33715	115 1ST STREET EAST APT. 106 ST. PETERSBURG FL 33715

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/17/1994
3a. Date of Last Report:

2. Principal Place of Business
21 8800 49th Street, N
Suite, Apt. #, etc.: 22 #102-26
City & State: 23 Pinellas Park, Fl
Zip: 24 34666 Country: 25 USA

2a. Mailing Address
26 115 1st Street, East
Suite, Apt. #, etc.: 27 Apt. #103
City & State: 28 St. Petersburg, FL
Zip: 29 33715 Country: 30 USA

4. FEI Number: 5559-3270566 ☐ 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

MANEY, RICHARD H
101 E KENNEDY BLVD.
SUITE 3170
TAMPA FL 33602

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) (MUST: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	P D ☒ Change ☐ Addition
NAME	KRAMER, RICHARD	12 NAME	Kramer, Richard
STREET ADDRESS	HEIDSIEKER HEIDE 30	13 STREET ADDRESS	Heidsieker Heide 30
CITY ST ZIP	33739 GOELLENBECK GERMANY	14 CITY ST ZIP	33739 Jollenbeck Germany
TITLE	V	21 TITLE	V D ☒ Change ☐ Addition
NAME	KRAMER, HARTWICK	22 NAME	Kramer, Hartwig
STREET ADDRESS	115 1ST STREET EAST APT. 106	23 STREET ADDRESS	115 1st Street East, Apt 103
CITY ST ZIP	ST. PETERSBURG FL 33715	24 CITY ST ZIP	St. Petersburg, FL 33715
TITLE	ST	31 TITLE	ST D ☒ Change ☐ Addition
NAME	KRAMER, KLARA	32 NAME	Kramer, Klara
STREET ADDRESS	115 1ST STREET EAST APT. 106	33 STREET ADDRESS	115 1st Street Ease, Apt 103
CITY ST ZIP	ST. PETERSBURG FL 33715	34 CITY ST ZIP	St. Petersburg, FL 33715
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 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] 04/20/95 813-866-9887
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0311092 CP