

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000077325 (6)

1. Corporation Name

SHICO USA INCORPORATED



Principal Place of Business

9240 WEST HWY. 192
CLERMONT FL 34711

Mailing Address

9240 WEST HWY. 192
CLERMONT FL 34711

2. Principal Place of Business

2a. Mailing Address

21

State Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip Country

28

Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

3. Date Incorporated or Qualified

10/19/1994

3a. Date of Last Report

07/21/1995

4. FEI Number

59-3287580

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. 190.032,
Florida Statutes ☐ Yes ☐ No

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 607.0602 and 607.1505, 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 607.0602, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Registered Agent

DATE

12. OFFICERS AND DIRECTORS

12.1 TITLE ☐ DELETE

NAME PERINPANAYAGAM, THIRUNAYAGAM

STREET ADDRESS 9240 WEST HWY. 192

CITY, ST., ZIP CLERMONT FL 34711

12.2 TITLE ☒ DELETE

NAME DVS

STREET ADDRESS 9240 WEST HWY. 192

CITY, ST., ZIP CLERMONT FL 34711

12.3 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST., ZIP

12.4 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST., ZIP

12.5 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST., ZIP

12.6 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST., ZIP

12.7 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST., ZIP

12.8 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST., ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE ☐ Change ☐ Addition

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY, ST., ZIP

13.5 TITLE ☐ Change ☐ Addition

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY, ST., ZIP

13.9 TITLE ☐ Change ☐ Addition

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY, ST., ZIP

13.13 TITLE ☐ Change ☐ Addition

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY, ST., ZIP

13.17 TITLE ☐ Change ☐ Addition

13.18 NAME

13.19 STREET ADDRESS

13.20 CITY, ST., ZIP

13.21 TITLE ☐ Change ☐ Addition

13.22 NAME

13.23 STREET ADDRESS

13.24 CITY, ST., ZIP

13.25 TITLE ☐ Change ☐ Addition

13.26 NAME

13.27 STREET ADDRESS

13.28 CITY, ST., ZIP

14. I 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 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, except if I am filing with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/96

Signature of Officer or Director

CR2E034 (12/95)