FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000085277 (9)**

1. Corporation Name
PHILIPPE, INC.

Principal Place of Business
TWO S BISCAYNE BLVD
SUITE 2975
MIAMI FL 33131

Mailing Address
TWO S BISCAYNE BLVD
SUITE 2975
MIAMI FL 33131

3. Date Incorporated or Qualified: 11/22/1994
3a. Date of Last Report: 06/15/1995

2. Principal Place of Business
21 11500 Biscayne Blvd .
Suite, Apt. #, etc.
22
City & State
23 Miami, Florida
Zip 24 33181
Country 25 USA

2a. Mailing Address
26 11500 Biscayne Blvd,
Suite, Apt. #, etc.
27
City & State
28 Miami, Florida
Zip 29 33181
Country 30 USA

4. FEI Number: 65-0535367 — 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
MACDANIEL, JOHN M
2 S BISCAYNE BLVD
ONE BISCAYNE TOWER STE 2975
MIAMI FL 33131

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 607.0508, 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 _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D ☐ DELETE
NAME	FIORE, PHILIPPE
STREET ADDRESS	CALLE PORTUGAL 7 PRIMER PISO LAS PALMAS DE
CITY-ST-ZIP	GRANDE CANARIA CANARY ISLAND
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D ☐ Change ☐ Addition
12 NAME	Fiore, Philippe
13 STREET ADDRESS	11500 Biscayne Blvd.
14 CITY-ST-ZIP	Miami, Florida 33181
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information submitted 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: X _____
SIGNATURE (TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

X 3-5-96
Date

X305-891-8885
Daytime Phone #

CR2E034 (12/95)