

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000005979 (6)

1. Corporation Name
FIVAL USA, INC.



Principal Place of Business
9131 COLLEGE PARKWAY
SUITE 13B
FORT MYERS FL 33919

Mailing Address
9131 COLLEGE PARKWAY
SUITE 13B
FORT MYERS FL 33919

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

3. Date Incorporated or Qualified
01/20/1995

3a. Date of Last Report

4. FEI Number

65-0550467

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

10. Name and Address of New Registered Agent

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

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

Date: _____

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
D
PINON, ANNE
% FINANCIERE VALCOURT, 7 RUE JOBBE DUVAL
75015 PARIS, FRANCE

☐ DELETE

1.2 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
D
GRIMA, JEAN
% FINANCIERE VALCOURT, 7 RUE JOBBE DUVAL
75015 PARIS, FRANCE

☐ DELETE

1.3 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
☐ DELETE

☐ DELETE

1.4 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
☐ DELETE

☐ DELETE

1.5 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
☐ DELETE

☐ DELETE

1.6 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
☐ DELETE

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(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, or on an attachment with an address.

SIGNATURE:

Jean GRIMA February 5th 1996

SIGNATURE OF SIGNING OFFICER OR DIRECTOR

DATE

CR2E034 (12/95)