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FILED
Apr 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **PC5000093198**
1. Corporation Name **A.J. TIBSARK INC.**

Principal Place of Business Mailing Address
484 Broome Street
New York, NY, 10013. **SAME -**

3. Date Incorporated or Qualified **Dec 7 / 1995** 3a. Date of Last Report **May 1996.**
4. FEI Number **59 334 6867** 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

2. Principal Place of Business 2a. Mailing Address
21 **484 Broome Street** 26 **484 Broome Str**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **NY** 27 **NY**
City & State City & State
23 **New York, New York** 28 **New York, NY**
Zip Country Zip Country
24 **10013** 25 **NY** 29 **10013** 30 **NY**

9. Name and Address of Current Registered Agent
CAPITAL CONNECTION.
TALAHASSEE, FLORIDA,

10. Name and Address of New Registered Agent
B1 Name **Arnaud Tibi**
B2 Street Address (P.O. Box Number is Not Acceptable)
1881 WASHINGTON AVE #16 F.
B3
B4 City **MIAMI BEACH.** FL B5 Zip Code **33139**

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]* DATE **Feb/18/97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	President - Secretary <input type="checkbox"/> DELETE
NAME	Sarkissian Jean-Jacques
STREET ADDRESS	484 Broome Street
CITY-STATE-ZIP	New York, NY 10013
TITLE	Vice president - treasurer <input type="checkbox"/> DELETE
NAME	Tibi Arnaud
STREET ADDRESS	1881 Washington Ave #16 F.
CITY-STATE-ZIP	Miami Beach, FL, 33139
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	900002130819
5.4 CITY-STATE-ZIP	-04/02/97--01005--002
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	***165.00
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information provided 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, unchanged, or on an attachment with an address.

SIGNATURE: *[Signature]* **Jean-Jacques Sarkissian** DATE: **Feb/18/97** DAYTIME PHONE: **212 965 1799**

CR2E034 (9/96)