PROFIT CORPORATION ANNUAL REPORT

1997

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

FILED
Feb 10 1997 8:00am
Secretary of State

DOCUMENT # P96000013914 (2)

1. Corporation Name
CROSSBORDER INC.

Principal Place of Business	Mailing Address
8950 DICKENS AVENUE SURFSIDE FL 33154	8950 DICKENS AVENUE SURFSIDE FL 33154-8958

3. Date Incorporated or Qualified: 02/14/1996
3a. Date of Last Report:

2. Principal Place of Business
21 1641 Jefferson Avenue
Suite, Apt. #, etc.
22 5th Floor
City & State
23 Miami Beach, Florida
Zip 24 33139 Country 25 USA

2a. Mailing Address
26 1641 Jefferson Avenue
Suite, Apt. #, etc.
27 5th Floor
City & State
28 Miami Beach, Florida
Zip 29 33139 Country 30 USA

4. FEI Number
65-0653586
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
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent
91 Name
92 Street Address (P.O. Box Number is Not Acceptable)
93
94 City FL 95 Zip Code

11. Pursuant to the provisions of Section 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ☐ DELETE CHAHBAZIAN, JACQUES 14 SCIENCE MUSEUM ROAD, UNIT 1216-1217 KOWLOON, HONG KONG	11 TITLE ☐ Change ☐ Addition 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ☒ DELETE DUTREUX, LORANCE 8950 DICKENS AVENUE SURFSIDE FL 33154	21 TITLE ☐ Change ☐ Addition 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President ☐ DELETE Pietri, Philippe 1641 Jefferson Ave., 5th Floor Miami Beach, FL 33139	31 TITLE ☐ Change ☐ Addition 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President ☐ DELETE Scoop, Mariette Unit 1216-1217,Tower A, New Mandarin Plaza,14 Science Museum Rd., Kowloon	41 TITLE ☐ Change ☐ Addition 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary ☐ DELETE Kong, Pamela Unit 1216/17,Tower A, New Mandarin Pl 14 Science Museum Rd., Kowloon, Hong Kong	51 TITLE ☐ Change ☐ Addition 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP 1/3 2/10
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE ☐ Change ☐ Addition 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP 600002083326 -02/11/97--01042--003 ***165.00

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 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: _____ 2/4/97 (305) 531-5010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number
Philippe Pietri, President

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