

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Jul 07 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



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

DOCUMENT # **P96000013914 (2)**

1. Corporation Name

**CROSSBORDERS INC.**

Principal Place of Business

**1641 JEFFERSON AVENUE  
5TH FLOOR  
MIAMI BEACH FL 33139**

Mailing Address

**1641 JEFFERSON AVENUE  
5TH FLOOR  
MIAMI BEACH FL 33139**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**02/14/1996**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE  
NAME **CHAHBAZIAN, JACQUES**  
STREET ADDRESS **14 SCIENCE MUSEUM ROAD, UNIT 1216-1217**  
CITY-ST-ZIP **KOWLOON, HONG KONG**

TITLE **D** ☐ DELETE  
NAME **DUTREUX, LORANCE**  
STREET ADDRESS **8859 DICKENS AVENUE**  
CITY-ST-ZIP **SURFSIDE FL 33154**

TITLE **P** ☐ DELETE  
NAME **PIETRI, PHILIPPE**  
STREET ADDRESS **1641 JEFFERSON AVE., 5TH FLOOR**  
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE **V** ☐ DELETE  
NAME **SCOOP, MARIETTE**  
STREET ADDRESS **UNIT 1216-1217, TOWER A, NEW MANDARIN PLZ**  
CITY-ST-ZIP **14 SCIENCE MUSEUM RD, KOWLOO**

TITLE **S** ☐ DELETE  
NAME **KONG, PAMELA**  
STREET ADDRESS **UNIT 1216/17, TOWER A, NEW MANDARIN PLZ**  
CITY-ST-ZIP **14 SCIENCE MUSEUM RD, KOWLOO**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

**700002583837**  
**-07/09/98--01010--031**  
**\*\*\*150.00**

14. I 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:

04-27-98

CR2E034 (10/97)