

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90006 016 ***158.75

DOCUMENT # P96000013914

1. Corporation Name

Crossborders, Inc.

Principal Place of Business

Mailing Address

~~1641 Jefferson Avenue, 5th Floor~~
~~Miami Beach, Florida 33139~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

February 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

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 **1525 South Andrews Ave**

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite 209**

27 Suite, Apt. #, etc.

City & State

23 **FORT LAUDERDALE FL**

City & State

28

Zip

24 **33316**

Country

25 **USA**

Zip

29

Country

30

9. Name and Address of Current Registered Agent

Corporation Services Company
1201 Hays Street
Tallahassee, Florida 32301-2525

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 607.1508, 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 **Director** ☒ DELETE

NAME **Jacques Chahbazian**

STREET ADDRESS **1216-1217, 12/F, Tower A, New Man. Pl.**

CITY-ST-ZIP **14 Science Museum Rd., Hong Kong**

TITLE **Director** ☒ DELETE

NAME **Lorance Dutreux**

STREET ADDRESS **8859 Dickens Avenue**

CITY-ST-ZIP **Surfside, FL 33154**

TITLE **President** ☒ DELETE

NAME **Philippe Pietri**

STREET ADDRESS **1641 Jefferson Ave., Miami, Bch. FL.**

CITY-ST-ZIP **33139**

TITLE **Vice President** ☒ DELETE

NAME **Mariette Scoop**

STREET ADDRESS **14 Science Museum Rd., Kowloo**

CITY-ST-ZIP **Hong Kong**

TITLE **Secretary** ☒ DELETE

NAME **Pamela Kong**

STREET ADDRESS **14 Science Museum Rd., Tower A**

CITY-ST-ZIP **Kowloo, Hong Kong**

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 **President, Secretary and Treasurer**

1.3 STREET ADDRESS **Marc Cudennec**

1.4 CITY-ST-ZIP **1641 Jefferson Ave 5 Floor, Miami Bch., FL.**

2.1 TITLE **1525 South Andrews Ave.** ☐ Change ☐ Addition

2.2 NAME **Suite 209**

2.3 STREET ADDRESS **FORT LAUDERDALE, FL 33316**

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

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, with all other like empowered.

SIGNATURE:

MARC CUDENNEC

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/99

Date

(954) 463-88-82

Daytime Phone #