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Feb 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000082801 (7)

1. Corporation Name

~~ZICHY-THYGSSEN, INC.~~
INEDIT, INC.

Principal Place of Business

100 N BISCAYNE BLVD
SUITE 1707
MIAMI FL 33132

Mailing Address

100 N BISCAYNE BLVD
SUITE 1707
MIAMI FL 33132-2324

3. Date Incorporated or Qualified
10/03/1996

3a. Date of Last Report

2. Principal Place of Business

21 792 RIDGEWOOD Rd.

2a. Mailing Address

26 792 RIDGEWOOD Rd.

4. FEI Number

65-0700 802

Applied For

Not Applicable

Suite Apt. #, etc.

Suite Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

23 KEY BISCAYNE, FL

City & State

28 KEY BISCAYNE, FL

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

24 33149

Country

Zip

29 33149

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BERNSTEIN, JEFFREY A
100 N BISCAYNE BLVD
SUITE 1707
MIAMI FL 33132

10. Name and Address of New Registered Agent

81 Name

PHILIPPE CHIROUSSOT-CHAMBEAUX

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

792 RIDGEWOOD Rd.

83

84 City

KEY BISCAYNE

FL

85 Zip Code

33149

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

Philippe Chiroussot-Chambeaux

PHILIPPE CHIROUSSOT-CHAMBEAUX

02/11/97

Signature of Agent is not required if agent is the corporation and the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME D CHIROUSSOT-CHAMBEAUX, ISABEL
STREET ADDRESS 100 N BISCAYNE BLVD SUITE 1707
CITY-ST-ZIP MIAMI FL 33132

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 D ISABEL, CHIROUSSOT-CHAMBEAUX
1.3 STREET ADDRESS 792 RIDGEWOOD Rd.
1.4 CITY-ST-ZIP KEY BISCAYNE, FLORIDA 33149

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

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:

Isabel Chiroussot-Chambeaux

ISABEL CHIROUSSOT-CHAMBEAUX

02/11/97 (305) 361-5112

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)