FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # S05332

1. Corporation Name

JANSEN U.S. HOLDINGS, INC.

Principal Place of Business | Mailing Address

3. Date Incorporated or Qualified: **10/10/90**
3a. Date of Last Report: **2/7/95**

2. Principal Place of Business
21 **c/o Bettina Lambrechts**
Suite, Apt. #, etc.
22 **Broward Financial Center**
City, State
23 **500 East Broward Blvd., Suite 1160**
Fort Lauderdale, FL 33301
Zip: 24 **33301** Country: 25 **Broward**

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City, State
28
Zip: 29 Country: 30

4. FEI Number: **65-0218342** ☐ 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

EMO CORPORATE SERVICES, INC.
100 N.E. Third Avenue, Suite 1100
Fort Lauderdale, Florida 33301

10. Name and Address of New Registered Agent

81 Name: BETTINA LAMBRECHTS
82 Street Address (P.O. Box Number is Not Acceptable): c/o REAL FLORIDA REALTY
83 500 E. BROWARD Blvd # 1160
84 City: FT. LAUD., FL FL 85 Zip Code: 33394

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: B. Lambrechts B. LAMBRECHTS 5.31.96
Signature, typed or printed name of registered agent and date (if applicable) (NOTE: Registered Agent signature required by law) DATE

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/S/T/D/ Jansen, Hans Gert	☐ DELETE
		☐ DELETE
		☐ DELETE
		☐ DELETE
		☐ DELETE
		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1-1 TITLE / 1-2 NAME / 1-3 STREET ADDRESS / 1-4 CITY-ST-ZIP	Broward Financial Center 500 East Broward Boulevard, #1160 Fort Lauderdlae, FL 33301	☐ Change ☐ Addition
2-1 TITLE / 2-2 NAME / 2-3 STREET ADDRESS / 2-4 CITY-ST-ZIP		☐ Change ☐ Addition
3-1 TITLE / 3-2 NAME / 3-3 STREET ADDRESS / 3-4 CITY-ST-ZIP		☐ Change ☐ Addition
4-1 TITLE / 4-2 NAME / 4-3 STREET ADDRESS / 4-4 CITY-ST-ZIP		☐ Change ☐ Addition
5-1 TITLE / 5-2 NAME / 5-3 STREET ADDRESS / 5-4 CITY-ST-ZIP		☐ Change ☐ Addition
6-1 TITLE / 6-2 NAME / 6-3 STREET ADDRESS / 6-4 CITY-ST-ZIP	400001881264 -07/02/96--01046--003 ***225.00	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: [signature] President 6/13/96 (954) 764-6469
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR