FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 2:32

DOCUMENT # S40014 (0)

1. Corporation Name
OXFORD MAISON CORPORATION

Principal Place of Business
412 S COUNTRY RD
PALM BEACH FL 33480
US

Mailing Address
412 S COUNTRY RD
PALM BEACH FL 33480
US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business
21 412 S. COUNTY ROAD
Suite, Apt. #, etc.
22
City & State
23 PALM BEACH, FL
Zip
24 33480
Country
25 U.S.A.

2a. Mailing Address
26 412 S. COUNTY ROAD
Suite, Apt. #, etc.
27
City & State
28 PALM BEACH, FL
Zip
29 33480
Country
30 U.S.A.

3. Date Incorporated or Qualified: 03/20/1991
3a. Date of Last Report: 04/29/1994
4. FEI Number: 65-0268047 — 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
FERNANDES, OTTONI C.
~~1501 VENERA AVENUE~~
~~SUITE 205, PARK PLACE II~~
~~CORAL GABLES FL 33146~~

10. Name and Address of New Registered Agent
81 Name: FERNANDES, OTTONI C.
82 Street Address (P.O. Box Number is Not Acceptable): 7520 RED ROAD.
83 SUITE K
84 City: MIAMI FL
85 Zip Code: 33143

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	DP
NAME	MAISON, RAYMOND MARCEL
STREET ADDRESS	~~250 NIGHTINGALE TRAIL~~
CITY-ST-ZIP	PALM BEACH FL
TITLE	DVP
NAME	PINAUD, EDGARD
STREET ADDRESS	RUA DO RUSSEL 300/401
CITY-ST-ZIP	RIO DE JANEIRO/RJ-BRA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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	162 PERUVIAN AVENUE	
1 4 CITY-ST-ZIP	PALM BEACH, FL 33480	
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 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 [illegible] [illegible] with an address.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. MARCEL MAISON 01/31/95 (407) 835-4550
Date Daytime Phone