

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

**FILED**  
Apr 01 1996 8:00 am  
Secretary of State

DOCUMENT # **V20751** (6)  
1. Corporation Name  
**CONCEPT HUGO INTERNATIONAL, INC.**



Principal Place of Business: **749 WASHINGTON AVENUE MIAMI BEACH FL 33139**  
Mailing Address: **% HUGHES, SILVERS & GLASSMAN 1140 KANE CONCOURSE- 5TH FLOOR BAY HARBOR ISLAND FL 33154 US**

2. Principal Place of Business: 21 State Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25  
2a. Mailing Address: 26 State Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

3. Date of Incorporation or Qualification: **03/12/1992**  
3a. Date of Last Report: **04/27/1995**  
4. FID Number: **65-0455661** 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 is liable for intangible tax under s. 199.032, Florida Statutes:  Yes  No  
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent  
**SILVERS, ROBERT H. 1140 KANE CONCOURSE-5TH FLOOR 810 BRICKELL AVENUE, #400 - DELETE THIS LINE BAY HARBOR ISLANDS FL 33154**

81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 City: 85 Zip Code: **FL**

11. Pursuant to the provisions of Section 609.01(1), Florida Statutes, the above named corporation has adopted 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, thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 609.01(1), Florida Statutes.

SIGNATURE		DATE	
12. OFFICERS AND DIRECTORS			
TITLE	NAME	TITLE	DATE
	<b>PVST BENSOUSSAN, MICHEL 749 WASHINGTON AVENUE MIAMI BEACH FL</b>	<input type="checkbox"/> DELETED	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	TITLE	DATE
	<b>D BENSOUSSAN, MICHEL 749 WASHINGTON AVENUE MIAMI BEACH FL</b>	<input type="checkbox"/> DELETED	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	TITLE	DATE
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TITLE	NAME	TITLE	DATE
		<input type="checkbox"/> DELETED	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that the signature of the person whose name appears in Block 12 or Block 13 is the signature of the person named therein, and that my name appears in Block 12 or Block 13 as the person named therein.

SIGNATURE: X MICHEL BENSOUSSAN 3-25-96 305-864-7531  
SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)