

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

CORPORATION
ANNUAL REPORT
1995



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

FILED

1995 JUL 26 10:18

TALLAHASSEE, FLORIDA

DOCUMENT # **F94000003058 (4)**

1. Corporation Name

AAC VERO, INC.

Principal Place of Business Mailing Address
**767 5TH AVE
23RD FLOOR
NEW YORK NY 10153** **767 5TH AVE
23RD FLOOR
NEW YORK NY 10153**

DO NOT WRITE IN THIS SPACE

| | |
|---|---------------------------------------|
| 3. Date Incorporated or Qualified 06/10/1994 | 3a. Date of Last Report |
| 4. FEI Number APPLIED FOR 13-3773860 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under S. 195.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

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

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 607.150B, 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 of current registered agent, if the change is to the registered agent)

(Signature of registered agent, if the change is to the registered agent)

(Date)

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:

Change Addition

12. OFFICERS AND DIRECTORS

| | |
|----------------|-----------------------------|
| TITLE | CP |
| NAME | ARCO, RIPRAND |
| STREET ADDRESS | 767 5TH AVE, 23RD FLOOR |
| CITY, ST, ZIP | NEW YORK NY |
| TITLE | VCVS |
| NAME | ARCO, MARIA BEATRICE |
| STREET ADDRESS | 767 5TH AVE, 23RD FLOOR |
| CITY, ST, ZIP | NEW YORK NY |
| TITLE | V |
| NAME | TIPPS, MAYNARD E |
| STREET ADDRESS | 100 N. TRYON ST, SUITE 4200 |
| CITY, ST, ZIP | CHARLOTTE NC |
| TITLE | AV |
| NAME | WELLS, JERRY H |
| STREET ADDRESS | 5970 FAIRVIEW RD, SUITE 600 |
| CITY, ST, ZIP | CHARLOTTE NC |
| TITLE | AS |
| NAME | HOAGLAND, MARY H |
| STREET ADDRESS | 5970 FAIRVIEW RD, SUITE 600 |
| CITY, ST, ZIP | CHARLOTTE NC |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY, ST, ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:

| | |
|-------------------|---|
| 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | |
| 13 STREET ADDRESS | |
| 14 CITY, ST, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 21 TITLE | |
| 22 NAME | |
| 23 STREET ADDRESS | |
| 24 CITY, ST, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 31 TITLE | |
| 32 NAME | |
| 33 STREET ADDRESS | |
| 34 CITY, ST, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 41 TITLE | |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY, ST, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 51 TITLE | |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY, ST, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 61 TITLE | |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 64 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(9)(b), 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 of this report, or in the attachment with an address.

SIGNATURE:

Handwritten signature of Maria Beatrice Arco July 19, 1995

(212) 355-5800

Maria Beatrice Arco

Vice-Chair/Secretary

0001826 CP