

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$350 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 24 1998 8:00am
 Secretary of State

0000492

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F97000003730 (5)**

1. Corporation Name
HUGES CHEVALIER, INC.

Principal Place of Business C/O JOHN M. KRIZ ESO/ 156 WEST 56TH ST 22ND FLOOR NEW YORK NY 10019	Mailing Address C/O JOHN M. KRIZ ESO/ 156 WEST 56TH ST 22ND FLOOR NEW YORK NY 10019
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/17/1997	
21		26		4. FEI Number 13-3913487	Applied For <input type="checkbox"/> Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	29	Zip	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Country		Country		

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SO 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	FL	85	Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OGLIASTRO, BERNARD	1.2 NAME	
STREET ADDRESS	24 PLACE DU GENERAL CATROUX 75017	1.3 STREET ADDRESS	
CITY-ST-ZIP	PARIS FRANCE	1.4 CITY-ST-ZIP	
TITLE	PTD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARADEUC, ALAIN	2.2 NAME	
STREET ADDRESS	24 PLACE DU GENERAL CATROUX 75017	2.3 STREET ADDRESS	
CITY-ST-ZIP	PARIS FRANCE	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OGLIASTRO, HERVE	3.2 NAME	
STREET ADDRESS	24 PLACE DU GENERAL CATROUX 75017	3.3 STREET ADDRESS	
CITY-ST-ZIP	PARIS FRANCE	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRIZ, JOHN M	4.2 NAME	
STREET ADDRESS	24 PLACE DU GENERAL CATROUX 75017	4.3 STREET ADDRESS	156 West 56th St 22 Floor
CITY-ST-ZIP	PARIS FRANCE	4.4 CITY-ST-ZIP	NEW YORK, NY 10019
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	David Meitus
STREET ADDRESS		5.3 STREET ADDRESS	150 East 58th St
CITY-ST-ZIP		5.4 CITY-ST-ZIP	NEW YORK NY 10155
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: *John M. Kriz* **JOHN M. KRIZ** 9/11/98 (212) 237 1120

CR2E034 (5/98)