

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Jul 22, 1999 8:00 am**  
**Secretary of State**

07-22-1999 90018 035 \*\*\*550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # F97000003730 ✓

1. Corporation Name  
**HUGUES 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

3. Date Incorporated or Qualified <b>07/17/1997</b>	
4. FEI Number <b>13-3913487</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 <b>C/O STUDIUM V</b>	2a. Mailing Address 26 <b>C/O STUDIUM V</b>
Suite, Apt. #, etc. 22 <b>150 EAST 58th Street</b>	Suite, Apt. #, etc. 27 <b>150 EAST 58th Street</b>
City & State 23 <b>New York, NY</b>	City & State 28 <b>New York, NY</b>
Zip Country 24 <b>10155</b> 25 <b>USA</b>	Zip Country 29 <b>10155</b> 30 <b>USA</b>

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
 1200 SO PINE ISLAND RD  
 PLANTATION FL 33324

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code <b>FL</b>

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	
TITLE C	<input type="checkbox"/> DELETE
NAME OGLIASTRO, BERNARD	
STREET ADDRESS 24 PLACE DU GENERAL CATROUX 75017	
CITY-ST-ZIP PARIS FRANCE	
TITLE PTD	<input type="checkbox"/> DELETE
NAME CARADEC, ALAIN	
STREET ADDRESS 24 PLACE DU GENERAL CATROUX 75017	
CITY-ST-ZIP PARIS FRANCE	
TITLE V	<input type="checkbox"/> DELETE
NAME OGLIASTRO, HERVE	
STREET ADDRESS 24 PLACE DU GENERAL CATROUX 75017	
CITY-ST-ZIP PARIS FRANCE	
TITLE S	<input type="checkbox"/> DELETE
NAME KRIZ, JOHN M	
STREET ADDRESS 156 WEST 56TH STREET, 22ND FLOOR	
CITY-ST-ZIP NEW YORK NY 10019	
TITLE D	<input type="checkbox"/> DELETE
NAME MEITUS, DAVID	
STREET ADDRESS 150 EAST 58TH STREET	
CITY-ST-ZIP NEW YORK NY 10155	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE: *Katherine Harris* Date: 7/15/99 Daytime Phone # \_\_\_\_\_

CR2E034 (1/1/98)