

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **850258** (5)

1. Corporation Name  
**NORTH AMERICAN WATCH CORPORATION**



Principal Place of Business <b>125 CHUBB AVE 4TH FLOOR LYNDHURST NJ 07071</b>	Mailing Address <b>125 CHUBB AVE 4TH FLOOR LYNDHURST NJ 07071</b>
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3. Date Incorporated or Qualified <b>08/21/1981</b>	3a. Date of Last Report <b>02/14/1995</b>
4. FEI Number <b>13-2595932</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. <b>Same</b> Suite, Apt. #, etc.	2a. Mailing Address 26. <b>Same</b> Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip Country	29. Zip Country

9. Name and Address of Current Registered Agent  
**WILLEN, WILLY  
2 ALHAMBRA PLAZA  
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

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

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>SILVERSTEIN, LEONARD</b>
STREET ADDRESS	<b>1776 K STREET, NW WASHINGTON DC</b>
CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>HAYES-ADAM, MARGARET</b>
STREET ADDRESS	<b>597 FIFTH AVE NEW YORK NY</b>
CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>ORESMAN, DONALD</b>
STREET ADDRESS	<b>15 COLUMBUS CIRCLE NEW YORK NY</b>
CITY-ST-ZIP	
TITLE	<b>CD</b> <input type="checkbox"/> DELETE
NAME	<b>GRINBERG, GEDALIO</b>
STREET ADDRESS	<b>125 CHUBB AVE LYNDHURST NJ</b>
CITY-ST-ZIP	
TITLE	<b>TS</b> <input type="checkbox"/> DELETE
NAME	<b>REGENBOGEN, HOWARD</b>
STREET ADDRESS	<b>125 CHUBB AVE LYNDHURST NJ</b>
CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>GRINBERG, EFRAM</b>
STREET ADDRESS	<b>125 CHUBB AVE LYNDHURST NJ</b>
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 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)(k), 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 as an attachment with an address.

SIGNATURE: *Howard Regenbogen* **Howard Regenbogen** 1/19/96 201-460-3754  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)