

**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 # F93000001454 (8)**

1. Corporation Name  
**INTERCHANGE ASSOCIATES INC.**



Principal Place of Business Mailing Address  
C/O MICHAEL P. COLLINS. ESO.  
300 EAST 42ND STREET  
NEW YORK NY 10017  
C/O MICHAEL P. COLLINS. ESO.  
300 EAST 42ND STREET  
NEW YORK NY 10017

3. Date Incorporated or Qualified **03/24/1993** 3a. Date of Last Report **02/14/1995**

2. Principal Place of Business 2a. Mailing Address  
21 c/o MICHAEL COLLINS, ESO. 26 c/o MICHAEL COLLINS ESO.  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 767 THIRD AVE 27 767 THIRD AVE.  
City & State City & State  
23 NEW YORK, NY 28 NEW YORK, NY  
Zip Country Zip Country  
24 10017 25 USA 29 10017 30 USA

4. FEI Number **51-0344581** 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 has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.**  
**1201 HAYS ST.**  
**SUITE 105**  
**TALLAHASSEE FL 32301**

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

TITLE	PCD	<input type="checkbox"/> DELETE
NAME	NASHAR, MAHMOUD M	
STREET ADDRESS	P.O. BOX 6697/JEDDAH/SAUDIA ARABIA OR	
CITY - ST - ZIP	C/O 300 E 42ND ST., NEW YORKNY 10017	
TITLE	VCD	<input type="checkbox"/> DELETE
NAME	KHASHOGGI, HUSNI H	
STREET ADDRESS	PO BOX 13162/JEDDAH/SAUDIA ARABIA OR	
CITY - ST - ZIP	C/O 300 E 42ND ST., NEW YORKNY 10017	
TITLE	S	<input type="checkbox"/> DELETE
NAME	COLLINS, MICHAEL P.	
STREET ADDRESS	2 RED OAK LANE	
CITY - ST - ZIP	SPRING VALLEY NY 10977	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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(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 on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: **3/7/96** 212 - 355-7100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **MICHAEL COLLINS**

CR2E034 (12/95)