

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

**FILED**  
**Apr 13 1998 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1998**



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  
**C/O MICHAEL P. COLLINS, ESQ.**  
**767 THIRD AVENUE**  
**NEW YORK NY 10017**  
**US**

Mailing Address  
**C/O MICHAEL P. COLLINS, ESQ.**  
**767 THIRD AVENUE**  
**NEW YORK NY 10017**  
**US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Country

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.**  
**1201 HAYS ST.**  
**SUITE 105**  
**TALLAHASSEE FL 32301**

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE

Signature: typed or printed name of registered agent, with title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  DELETE  
 NAME **PCD 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  DELETE  
 NAME **VCD 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  DELETE  
 NAME **S COLLINS, MICHAEL P.**  
 STREET ADDRESS **44 TRANQUILITY RD**  
 CITY-ST-ZIP **SUFFERN NY**

TITLE  DELETE

TITLE  DELETE

TITLE  DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP  Change  Addition

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP  Change  Addition

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP  Change  Addition

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP  Change  Addition

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP  Change  Addition

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP  Change  Addition

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:

*[Handwritten Signature]*

**MICHAEL COLLINS** 4/13/98 212-251-2

CR2E034 (10/97)