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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

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1. Corporation		M2421	11	(8)							
NYCM,	, CORP.										 61811 61811 1861
Principal Place	of Business		Ma	ailing Address							
845 NORTHE	AST 172ND TER	RACE	:	B45 NORTHEAST 172N	ID TERRACE						
	II BEACH FL 33			NORTH MIAMI BEACH							
							3. Date Incorporated or	Qualified	3a. Date	e of Last F	eport
							11/26/1985		0	5/01/19	95
Principal Pla	ace of Business		<u> </u>	Mailing Address			4. FEI Number				Applied For
*	# e4o		26	D. 4- A-A II - A-			59-2111529				Not Applicab
Suite, Apt. i	#, etc.		27	Suite, Apt. #, etc.			5. Certificate of Status [Desired			Additional Required
Crty & State				City & State			6. Election Campaign Fi	inancino			O May Be
]			28	•			Trust Fund Contributi				d to Fees
Zip		Country		Zip	Country	/	B. This corporation has		-		
	25	2 6 4 3	29		30		Florida Statutes		□No	_	
	y. Name an	d Address of Currer	nt Hegis	terea Agent	81	Name	10. Name and Address	of New R	egistered	Agent	
HODAL	14BV F66				L.						
	Mark, ESQ. IW 2ND AVE				82	Street Addr	ress (P.O. Box Number is No	t Acceptab	le)		
#211	WY ZNU AVE				83	1					
	L 33169										
MIN STATE I	E 00 100				84	City			FL	85 Zi	p Code
Pursuant t or register familiar wit	to the provisions ed agent, or bot th, and accept the	of Sections 607.0502 h, in the State of Florine obligations of, Sect	2 and 60 da. Such tion 607.	7.1508, Florida Statute change was authorize 0505, Florida Statutes	es, the above- ed by the corp	named corpor coration's boa	ration submits this statement rd of directors. I hereby acce	for the pur pt the appo	nose of ch	anging its registered	egistered off Lagent, Lam
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certify that the information indicated on this armula report or supplemental annual report is true and accurate and that my signature shall have the same logal 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 chapted, or on an attachment with an address. SIGNATURE: ______

ED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)