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Jan 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P07749

(5)

1. Corporation Name
CHANEL, INC.

Principal Place of Business
876 CENTENNIAL AVE
PISCATAWAY NJ 08855

Mailing Address
876 CENTENNIAL AVE
PISCATAWAY NJ 08854-3937



3. Date Incorporated or Qualified 10/15/1985	3a. Date of Last Report 02/06/1996
4. FEI Number 13-0565120	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	WERTHEIMER, ALAIN
STREET ADDRESS	9 WEST 57 STREET
CITY - ST - ZIP	NEW YORK NY
TITLE	D <input type="checkbox"/> DELETE
NAME	ARIE, KOPELMAN
STREET ADDRESS	9 WEST 57 STREET
CITY - ST - ZIP	NEW YORK NY
TITLE	D <input type="checkbox"/> DELETE
NAME	LUTZ, ROBERT
STREET ADDRESS	9 WEST 57 STREET
CITY - ST - ZIP	NEW YORK NY
TITLE	V <input type="checkbox"/> DELETE
NAME	HEILBRONN, CHARLES
STREET ADDRESS	9 WEST 57 STREET
CITY - ST - ZIP	NEW YORK NY
TITLE	SRV <input checked="" type="checkbox"/> DELETE
NAME	EIREF, ZVI
STREET ADDRESS	9 WEST 57 STREET
CITY - ST - ZIP	NEW YORK NY
TITLE	V <input type="checkbox"/> DELETE
NAME	GANNON, DENNIS
STREET ADDRESS	9 WEST 57 STREET
CITY - ST - ZIP	NEW YORK NY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	CFO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Murphy, Michael F.
13 STREET ADDRESS	9 West 57th Street
14 CITY - ST - ZIP	New York, N.Y. 10019
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Kopelman, Arie
23 STREET ADDRESS	9 West 57th Street
24 CITY - ST - ZIP	New York, N.Y. 10019
31 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Rena, Michael
33 STREET ADDRESS	9 West 57th Street
34 CITY - ST - ZIP	New York, N.Y. 10019
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/97 (908) 385-5500
Date Daytime Phone #

CR2E034 (9/96)