

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # P26880 (5)

1. Corporation Name
CHATHAM IMPORTS, INC.



Principal Place of Business: **257 PARK AVE. SOUTH
7TH FLOOR
NEW YORK NY 10010-7304**

Mailing Address: **257 PARK AVE. SOUTH
7TH FLOOR
NEW YORK NY 10010-7304**

| | | | | | |
|---|---------|---------------------|---------|---|--------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 21 | | 26 | | 11/09/1989 | 05/01/1995 |
| 22 | | 27 | | 4. FEI Number | Applied For |
| City & State | | City & State | | 11-2593471 | Not Applicable |
| 23 | | 28 | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| Zip | Country | Zip | Country | <input type="checkbox"/> | |
| 24 | 25 | 29 | 30 | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| | | | | <input type="checkbox"/> | |
| 9. Name and Address of Current Registered Agent | | | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | |
| 24 | | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | | | |
|--|--|--|--|--|--|----|----|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| NATIONAL CORPORATE RESEARCH, LTD., INC. 1406 HAYS STREET SUITE 2 TALLAHASSEE FL 32301 | | | | 81 | Name | | |
| | | | | 82 | Street Address (P.O. Box Numbers Not Acceptable) | | |
| | | | | 83 | | | |
| | | | | 84 | City | FL | 85 |

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 | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
|----------------------------|----------------------|--|--|---|---------------------------------|--|--|
| TITLE | PD | <input type="checkbox"/> DELETE | | 11 TITLE | CD | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | AMEN, RICHARD A. | | | 12 NAME | Amen, Richard A. | | |
| STREET ADDRESS | 619 ELY AVENUE | | | 13 STREET ADDRESS | 619 Ely Avenue | | |
| CITY - ST - ZIP | PELHAM MANOR NY | | | 14 CITY - ST - ZIP | Pelham Manor, New York | | |
| TITLE | STD | <input type="checkbox"/> DELETE | | 21 TITLE | PD | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | CALABRO, FRANCES A | | | 22 NAME | Magliocco, Joseph J. | | |
| STREET ADDRESS | 200 EAST 71ST STREET | | | 23 STREET ADDRESS | 65 Central Park West - Apt# 12B | | |
| CITY - ST - ZIP | NEW YORK FL | | | 24 CITY - ST - ZIP | New York, New York 10023 | | |
| TITLE | VD | <input checked="" type="checkbox"/> DELETE | | 31 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | LANFRANCO, ALBERT E | | | 32 NAME | | | |
| STREET ADDRESS | 101 WEST 55TH STREET | | | 33 STREET ADDRESS | | | |
| CITY - ST - ZIP | NEW YORK NY | | | 34 CITY - ST - ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 41 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | | 42 NAME | | | |
| STREET ADDRESS | | | | 43 STREET ADDRESS | | | |
| CITY - ST - ZIP | | | | 44 CITY - ST - ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 51 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | | 52 NAME | | | |
| STREET ADDRESS | | | | 53 STREET ADDRESS | | | |
| CITY - ST - ZIP | | | | 54 CITY - ST - ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 61 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | | 62 NAME | | | |
| STREET ADDRESS | | | | 63 STREET ADDRESS | | | |
| CITY - ST - ZIP | | | | 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Frances A. Calabro* 6/17/96 (212)473-1100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
FRANCES A. CALABRO

CR2E034 (3/96)