

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR -9 AM 8: 30

DOCUMENT # **P92000010320 (9)**

1. Corporation Name
BEACON NTFI, INC.

Principal Place of Business C/O WHITE & CASE 200 S. BISCAYNE BLVD. 4900 FIRST UNION FINANCIAL CENTER MIAMI FL 33131-2352	Mailing Address C/O WHITE & CASE 200 S. BISCAYNE BLVD. 4900 FIRST UNION FINANCIAL CENTER MIAMI FL 33131-2352
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 12/09/1992	3a. Date of Last Report 06/28/1994
4. FEI Number 58-2033654	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 21 % Mr. E. JACK BEATUS Suite, Apt. #, etc. 9TH FLOOR	2a. Mailing Address 26 % Mr. E. JACK BEATUS Suite, Apt. #, etc. 8TH FLOOR
22 667 MADISON AVENUE City & State	27 667 MADISON AVENUE City & State
23 NEW YORK, NY Zip Country	28 NEW YORK, NY Zip Country
24 10021 25 U.S.A.	29 10021 30 U.S.A.

9. Name and Address of Current Registered Agent

GRAGG, K L
4900 FIRST UNION FINANCIAL CENTER
200 S BISCAYNE BLVD
MIAMI FL 33122

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

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	TISCH, THOMAS J
STREET ADDRESS	667 MADISON AVE 8TH FLOOR
CITY - ST - ZIP	NEW YORK NY 10021
TITLE	D
NAME	TISCH, JONATHAN M
STREET ADDRESS	667 MADISON AVE 8TH FLOOR
CITY - ST - ZIP	NEW YORK NY 10021
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 110.07(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 liquidator 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: _____ **JONATHAN M. TISCH** **2/2/95** **(212) 545-2912**
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date City/State