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 14 AM 7:54

DOCUMENT # 189308 (0)

1. Corporation Name
MURRES CORP. FLORIDA

Principal Place of Business	Mailing Address
441 LEXINGTON AVE. 16TH FLOOR NEW YORK NY 10017	441 LEXINGTON AVE. 16TH FLOOR NEW YORK NY 10017

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/02/1955
3a. Date of Last Report: 04/07/1994

2. Principal Place of Business	2a. Mailing Address
21 C/O FIUR 469 WEST 83 RD. ST.	26 C/O FIUR 469 WEST 83RD ST.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 HIALEAH, FLORIDA	City & State 28 HIALEAH, FLORIDA
Zip 24 33014 Country 25	Zip 29 33014 Country 30

4. FEI Number: 59-0761386 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

RESHICK, MURRAY M
469 W 83RD ST
HIALEAH FL 33014

10. Name and Address of New Registered Agent

81 Name: VIRGINIA FIUR
82 Street Address (P.O. Box Number is Not Acceptable): 469 WEST 83 RD STREET
83:
84 City: HIALEAH FL 85 Zip Code: 33014

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits the 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] VIRGINIA FIUR 3/9/95
(If new agent) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☒ Change ☐ Addition
NAME	RESNICK,MURRAY	12 NAME	DELETE FROM LIST OF OFFICERS
STREET ADDRESS	ROOM 1008 733 3RD AVENUE	13 STREET ADDRESS	INDIVIDUAL DIED 12/1/94
CITY-ST-ZIP	NEW YORK NY	14 CITY-ST-ZIP	
TITLE	STD	21 TITLE	S ☒ Change ☐ Addition
NAME	BOLLBACH, PATRICIA	22 NAME	PATRICIA BOLLBACH
STREET ADDRESS	1333 E. 18TH STREET	23 STREET ADDRESS	1333 EAST 18TH STREET
CITY-ST-ZIP	BROOKLYN NY	24 CITY-ST-ZIP	BROOKLYN, NY
TITLE		31 TITLE	P/CEO ☐ Change ☒ Addition
NAME		32 NAME	HERB KANARICK
STREET ADDRESS		33 STREET ADDRESS	C/O S.P. COOPER & COMPANY, LLP 441 LEXINGTON AVE.
CITY-ST-ZIP		34 CITY-ST-ZIP	NEW YORK, NY 10017
TITLE		41 TITLE	V/ASSISTANT SECRETARY ☐ Change ☒ Addition
NAME		42 NAME	LESLIE GRANOFF
STREET ADDRESS		43 STREET ADDRESS	2 FIR DRIVE
CITY-ST-ZIP		44 CITY-ST-ZIP	GREAT NECK, NY 11024-1529
TITLE		51 TITLE	V/T ☐ Change ☒ Addition
NAME		52 NAME	JO ANN SMALL
STREET ADDRESS		53 STREET ADDRESS	50 EAST 89TH STREET
CITY-ST-ZIP		54 CITY-ST-ZIP	NEW YORK, NY 10128-1529
TITLE		61 TITLE	Y ☐ Change ☒ Addition
NAME		62 NAME	JILLEN SUE FRANCO
STREET ADDRESS		63 STREET ADDRESS	126 AMORY STREET
CITY-ST-ZIP		64 CITY-ST-ZIP	BROOKLINE, MA 02146-3519

14. I 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)(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 above, or on an attachment with an address.

SIGNATURE: [signature] 1/31/95 (212) 697-9730
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #
HERBERT G KANARICK

0395040 FP