

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 280254 (4)

1. Corporation Name

OHRBACH'S, INC.



Principal Place of Business

Mailing Address

C/O ORCHID PROPERTIES, INC.  
358 FIFTH AVE  
NEW YORK NY 10001  
US

C/O ORCHID PROPERTIES, INC.  
358 FIFTH AVE  
NEW YORK NY 10001  
US

3. Date Incorporated or Qualified  
04/08/1964

3a. Date of Last Report  
04/14/1995

2. Principal Place of Business

2a. Mailing Address

21 c/o Cambrian Management Ltd.

c/o Cambrian Management Ltd.

59-1059991

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 1114 Ave. of the Americas

1114 Ave. of the Americas

\$8.75 Additional  
Fee Required

City & State Suite 2702

City & State Suite 2702

5. Certificate of Status Desired ☐

\$5.00 May Be  
Added to Fees

23 New York, NY

28 New York, NY

6. Election Campaign Financing  
Trust Fund Contribution ☐

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

Zip

Country

Zip

Country

24 10036

25 USA

29 10036

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

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 NAME STREET ADDRESS CITY-ST-ZIP

VSD  
FISCHER, MILES P.  
358 FIFTH AVE  
NEW YORK NY

☐ DELETE

PD  
BRENNINKMEYER, ROLAND M.  
1114 AVE OF THE AMERICAS  
NEW YORK NY

☐ DELETE

VTD  
ALLEX, KENNETH R.  
358 FIFTH AVE  
NEW YORK NY

☐ DELETE

AST  
GILLAN, GEORGE M.  
358 FIFTH AVE  
NEW YORK NY

☐ DELETE

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 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

1114 Ave. of the Americas, Suite 2702  
New York, NY 10036

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

1114 Ave. of the Americas, Suite 2702  
New York, NY 10036

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

1114 Ave. of the Americas, Suite 2702  
New York, NY 10036

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

1114 Ave. of the Americas, Suite 2702  
New York, NY 10036

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Miles P. Fischer

April 23, 1996

212-704-3000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Miles P. Fischer, Secretary

Date

Daytime Phone #

CR2E034 (12/95)