F COR ANNL	E NOW: FILING FE PROFIT PORATION JAL REPORT 1996	FLORIDA DEPA Sandra Secret	S \$223.UU RTMENT OF STATE B. Mortham ary of State CORPORATIONS		
1. Corporation	MENT # 30702			I ITANA INI ATAU MATA	A RATI ANAN DINI ANAN DINA DINI ATAT
Principa' Place of Business Mailing Address					
645 FIFTH AVENUE NEW YORK NY 10022		645 FIFTH AVENUE NEW YORK NY 10022			
				3. Date Incorporated or Qualified 07/12/1966	3e. Date of Last Report 10/09/1995
2. Principal Pla	ace of Business	2a. Mailing Address 26		4. FEI Number 13-2602140	Applied For Not Applicable
Suite, Apt. 1	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Dosired	S8.75 Additional Fee Required
City & State 23		City & State	· · · · · · · · · · · · · · · · · · ·	6. Election Campaign Financing Trust Fund Contribution	Added to Fees
Zip 24	Country 25	Ζιρ	Country	 This corporation has liability for in Florida Statutes Yes 	ntangible tax under s 199.032,
	9. Name and Address of Curr		81 Name	10. Name and Address of New R	
11. Pursuant t or register	MIAMI BEACH FL 33162 to the provisions of Sections 607.05 ed agent, or both, in the State of Fic th, and accept the obligations of, Se	prida. Such charige was authorizi	ed by the corporation's boa	ation submits this statement for the pur of directors. I hereby accept the appo	FL 85 Zip Code pose of changing its registered office intment as registered agent. I am am
	Signature, typed or printed name of registered ag OFFICERS A	Instand the Lappicable (NO ND DIRECTORS	TL: Registered Agent signature require 13.	d when reinstating) ADDITIONS/CHANGES TO OFFI	
ITULE	PD	DEL ETE	1.1 THTLE	Abbinons/or wides to orm	CERS AND DIRECTORS IN 12
NAME STREET ADDRESS	DWORMAN, ALVIN 645 FIFTH AVENUE		1.2 NAME 1.3 STREET ADDRESS		034
CITY - ST- ZiP	NEW YORK NY 10022		1.4 CITY - ST - ZiP		R2E
TITLE NAME STREET ADDRESS	V KURS, MONTE 645 FIFTH AVENUE		2 1 TITLE 2 2 NAME 2.3 STREET ADDRESS		Change Addition
CITY - ST - ZIP	NEW YORK NY 10022		2 4 CITY - ST - ZIP 3. 1 TITLE		Change C Addition
title Name Street Address	T KRUGMAN, MARK 645 FIFTH AVENUE		3.2 NAME 3.3 STREET ADDRESS		Change Addition
C-1Y - ST- 7-P T-TCF NAME	NEW YORK NY 10022	DELETE	3 4 CITY - S1 - ZIP 4. 1 TITLE 4.2 NAME 4.2 CARE 4 DODUCE		Change Addition
STREET ADDRESS CITY - ST - ZIP			4.3 STREET ADDRESS 4.4 CITY - ST - ZIP		
THUE NAME STR-F1 ADDRESS		DELETE	5 1 TILE 5 2 NAME 5 3 STREET ADDRESS		Change . Addition
C(1Y+S1+Z(P) T TLE NAME STR: E1 ADDRESS		DELETE	5.4 CITY - ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS		Change 🚺 Addition
certify that oath; that l	I the information indicated on this ar I am an officer or director of the cor Block 12 or Block 13 If changed, o TURE:	inual report or supplemental annu poration or the receiver or trustee	ual report is true and accura e empowered to execute thi ess. Mark Krupm	or the exemption stated in Section 119. te and that my signature shall have the s report as required by Chapter 607, Fic nan 2/21/96	same legal effect as if made under rida Statutes; and that my name