

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 840372 (7)
1. Corporation Name
ERO PROPERTIES, INC.



Principal Place of Business Mailing Address
% CORPORATION TAX DIVISION
WALL STREET STATION, P O BOX 1703
NEW YORK NY 10268-1228
% CORPORATION TAX DIVISION
WALL STREET STATION, P O BOX 1703
NEW YORK NY 10268-1228

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/06/1978		3a. Date of Last Report 05/01/1995	
21		26		4. FEI Number 13-2911478		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
24 Zip		29 Zip		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
25 Country		30 Country					

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	85 Zip Code
	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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input checked="" type="checkbox"/> DELETE	1.1 TITLE	A.T. <input type="checkbox"/> Addition
NAME	CHIN, RICHARD	1.2 NAME	Stephen G. Rudolph
STREET ADDRESS	280 PARK AVE	1.3 STREET ADDRESS	280 Park Ave
CITY-ST-ZIP	NEW YORK, NY 00000	1.4 CITY-ST-ZIP	New York NY 10017
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTLEMAN, DONALD B.	2.2 NAME	300001877723
STREET ADDRESS	280 PARK AVE	2.3 STREET ADDRESS	-06/27/96--01030--028
CITY-ST-ZIP	NEW YORK, NY 00000	2.4 CITY-ST-ZIP	***225.00
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARCHAND, A W	3.2 NAME	
STREET ADDRESS	280 PARK AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 00000	3.4 CITY-ST-ZIP	
TITLE	AT <input checked="" type="checkbox"/> DELETE	4.1 TITLE	V.P. <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCPOLIN, JILL	4.2 NAME	Carl O'Rourke
STREET ADDRESS	280 PARK AVE.	4.3 STREET ADDRESS	280 Park Ave
CITY-ST-ZIP	NEW YORK NY	4.4 CITY-ST-ZIP	New York NY 10017
TITLE	VP <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Treasurer <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAPIRO, LISA	5.2 NAME	Rick J. D'Emilia
STREET ADDRESS	280 PARK AVE.	5.3 STREET ADDRESS	280 Park Ave
CITY-ST-ZIP	NEW YORK N.	5.4 CITY-ST-ZIP	New York NY 10017
TITLE	AT <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIGRAZIA, JOSEPH	6.2 NAME	
STREET ADDRESS	280 PARK AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK N.	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)(a), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/10/96

Date

212-256-2846

Daytime Phone #

CR2E034 (12/95)