

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 # **850258** (5)

1. Corporation Name
NORTH AMERICAN WATCH CORPORATION



Principal Place of Business 125 CHUBB AVE 4TH FLOOR LYNDHURST NJ 07071	Mailing Address 125 CHUBB AVE 4TH FLOOR LYNDHURST NJ 07071
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3. Date Incorporated or Qualified 08/21/1981	3a. Date of Last Report 02/14/1995
4. FEI Number 13-2595932	Applied For <input type="checkbox"/> 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. Same Suite, Apt. #, etc.	2a. Mailing Address 26. Same Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip Country	29. Zip Country

9. Name and Address of Current Registered Agent

**WILLEN, WILLY
2 ALHAMBRA PLAZA
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81. Name Same
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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS	
TITLE D	<input type="checkbox"/> DELETE
NAME SILVERSTEIN, LEONARD	
STREET ADDRESS 1776 K STREET, NW	
CITY-STATE-ZIP WASHINGTON DC	
TITLE D	<input type="checkbox"/> DELETE
NAME HAYES-ADAM, MARGARET	
STREET ADDRESS 597 FIFTH AVE	
CITY-STATE-ZIP NEW YORK NY	
TITLE D	<input type="checkbox"/> DELETE
NAME ORESMAN, DONALD	
STREET ADDRESS 15 COLUMBUS CIRCLE	
CITY-STATE-ZIP NEW YORK NY	
TITLE CD	<input type="checkbox"/> DELETE
NAME GRINBERG, GEDALIO	
STREET ADDRESS 125 CHUBB AVE	
CITY-STATE-ZIP LYNDHURST NJ	
TITLE TS	<input type="checkbox"/> DELETE
NAME REGENBOGEN, HOWARD	
STREET ADDRESS 125 CHUBB AVE	
CITY-STATE-ZIP LYNDHURST NJ	
TITLE PD	<input type="checkbox"/> DELETE
NAME GRINBERG, EFRAM	
STREET ADDRESS 125 CHUBB AVE	
CITY-STATE-ZIP LYNDHURST NJ	

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-STATE-ZIP	
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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 as an attachment with an address.

SIGNATURE: *Howard Regenbogen* **Howard Regenbogen** 1/19/96 201-460-3754
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)