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 # 856040 (1)

1. Corporation Name
MURRES CORP.

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

Mailing Address
441 LEXINGTON AVE.
16TH FLOOR
NEW YORK NY 10017
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/06/1983
3a. Date of Last Report: 04/11/1994
4. FEI Number: 13-1214690 ☐ 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

2. Principal Place of Business
21 C/o FIUR 469 WEST 83RD ST.
Suite, Apt. #, etc.
22
City & State
23 HIALEAH, FLORIDA
Zip
24 33014
Country
25

2a. Mailing Address
26 C/o FIUR 469 WEST 83RD ST.
Suite, Apt. #, etc.
27
City & State
28 HIALEAH, FLORIDA
Zip
29 33014
Country
30

9. Name and Address of Current Registered Agent
RESNICK, 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 83RD 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 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] VIRGINIA FIUR 3/9/95
Signature of registered agent and typed name — 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 M.	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	S	21 TITLE	☐ Change ☐ Addition
NAME	BOLLBACH, PATRICIA	22 NAME	
STREET ADDRESS	1333 E. 18TH STREET	23 STREET ADDRESS	
CITY-ST-ZIP	BROOKLYN NY	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	V/ ASSISTANT SECRETARY ☒ Change ☐ Addition
NAME	GRANOFF, LESLIE B	32 NAME	LESLIE GRANOFF
STREET ADDRESS	2 FIR DRIVE	33 STREET ADDRESS	2 FIR DRIVE
CITY-ST-ZIP	GREAT NECK NY	34 CITY-ST-ZIP	GREAT NECK, NY 11024-1529
TITLE	D	41 TITLE	V/T ☒ Change ☐ Addition
NAME	SMALL, JOANN	42 NAME	JO ANN SMALL
STREET ADDRESS	50 EAST 89TH STREET	43 STREET ADDRESS	50 EAST 89TH STREET
CITY-ST-ZIP	NEW YORK N.	44 CITY-ST-ZIP	NEW YORK, NY 10128-1225
TITLE	D	51 TITLE	V ☒ Change ☐ Addition
NAME	FRANCO, ELLEN SUE	52 NAME	ELLEN SUE FRANCO
STREET ADDRESS	125 AMORY STREET	53 STREET ADDRESS	126 AMORY STREET
CITY-ST-ZIP	BROOKLINE MA	54 CITY-ST-ZIP	BROOKLINE, MA 02146-3519
TITLE	VP	61 TITLE	P/CEO ☒ Change ☐ Addition
NAME	HERBERT G KANARICK	62 NAME	HERB KANARICK
STREET ADDRESS	733 3RD AVE RM 1008	63 STREET ADDRESS	C/o S.P. COOPER & COMPANY, LLP 441 LEXINGTON AVE
CITY-ST-ZIP	NEW YORK NU 10017	64 CITY-ST-ZIP	NEW YORK, NY 10017

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