

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 06 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 856040 (1)
1. Corporation Name
MURRES CORP.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 469 W 83ST 16TH FLOOR HIALEAH FL 33014 US		Mailing Address 469 W 83 ST 16TH FLOOR HIALEAH FL 33014 US	
2. Principal Place of Business 21 469 W. 83 St. Suite, Apt. #, etc.		2a. Mailing Address 26 469 W 83 St Suite, Apt. #, etc.	
22 City & State 23 Hialeah FL Zip Country 24 33014 25 US		27 City & State 28 Hialeah FL Zip Country 29 33014 30 US	

3. Date Incorporated or Qualified 04/06/1983	
4. FEI Number 13-1214690	Applied For 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent FIUR, VIRGINIA 469 WEST 83RD STREET HIALEAH FL 33014		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
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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	VD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRANOFF, LESLIE	1.2 NAME	
STREET ADDRESS	2 FIR DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	GREAT NECK NY	1.4 CITY-ST-ZIP	
TITLE	VTDS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMALL, JO ANN	2.2 NAME	
STREET ADDRESS	60 EAST 89TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANCO, ELLEN SUE	3.2 NAME	
STREET ADDRESS	126 AMORY STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKLINE MA	3.4 CITY-ST-ZIP	
TITLE	PCD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KANARICK, HERBERT G	4.2 NAME	
STREET ADDRESS	441 LEXINGTON AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	NY NY	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *H. G. Kanarick* 1/19/98 (12/2) 55 7777

CR2E034 (10/97)