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 FEB 16 PM 2:57

DOCUMENT # F92000000223 (9)

1. Corporate Name
MAFCO HOLDINGS INC.

Principal Place of Business	Mailing Address
5900 NO ANDREWS AVE STE 700A FT LAUDERDALE FL 33309 US	5900 NO ANDREWS AVE STE 700A FT LAUDERDALE FL 33309 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/12/1992	3a. Date of Last Report: 02/21/1994
4. FEI Number: 13-3603886	☐ 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)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
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 _____ DATE
Signature of new registered agent (if changed) / NOTE: Registered Agent signature required when changed

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	11 TITLE	☐ Change ☐ Addition
NAME	PERELMAN, RONALD O	12 NAME	
STREET ADDRESS	35 EAST 62ND STREET	13 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10021	14 CITY-ST-ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	SLOVIN, BRUCE	22 NAME	
STREET ADDRESS	35 EAST 62ND STREET	23 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10021	24 CITY-ST-ZIP	
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	GORDON, HOWARD F	32 NAME	
STREET ADDRESS	5900 NO ANDREWS AVE, STE 700A	33 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	34 CITY-ST-ZIP	
TITLE	VS	41 TITLE	☐ Change ☐ Addition
NAME	DICKES, GLENN P	42 NAME	
STREET ADDRESS	38 EAST 63RD STREET	43 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10021	44 CITY-ST-ZIP	
TITLE	AS	51 TITLE	☐ Change ☐ Addition
NAME	COOK, DAVID L	52 NAME	
STREET ADDRESS	5900 NO ANDREWS AVE, STE 700A	53 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	GITTIS, HOWARD G	62 NAME	
STREET ADDRESS	35 EAST 62ND STREET	63 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10021	64 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)(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 added to the report is an officer or director.

SIGNATURE: [signature] David L. Cook, Asst. Secretary (305) 772-6047 2/15/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0217101 CP