SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996

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

DOCUMENT # **F93000002870 (4)**

1. Corporation Name
MABRIZ CORP.

Principal Place of Business
% JOSEPH AND KOPPEL
60 EAST 42ND STREET. SUITE 1115
NEW YORK NY 10165

Mailing Address
% JOSEPH AND KOPPEL
60 EAST 42ND STREET. SUITE 1115
NEW YORK NY 10165

3. Date Incorporated or Qualified: **06/21/1993**
3a. Date of Last Report: **04/28/1995**
4. FEI Number: **13-3587651** — 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
Suite, Apt #, etc — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt #, etc — 27
City & State — 28
Zip — 29 Country — 30

9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	CP	☐ DELETE
NAME	GLOTIN, PAUL	
STREET ADDRESS	60 EAST 42ND STREET, SUITE 1115	
CITY-ST-ZIP	NEW YORK NY 10165-0095	
TITLE	DT	☐ DELETE
NAME	BOUCHET, PIERRE	
STREET ADDRESS	60 EAST 42ND STREET, SUITE 1115	
CITY-ST-ZIP	NEW YORK NY 10165-0095	
TITLE	DV	☐ DELETE
NAME	GAILLY, NICOLAS	
STREET ADDRESS	60 EAST 42ND STREET, SUITE 1115	
CITY-ST-ZIP	NEW YORK NY 10165-0095	
TITLE	DS	☐ DELETE
NAME	KOPPEL, RICHARD U	
STREET ADDRESS	60 EAST 42ND STREET, SUITE 1115	
CITY-ST-ZIP	NEW YORK NY 10165-0095	
TITLE	AS	☐ DELETE
NAME	KESSLER, BARRY	
STREET ADDRESS	60 EAST 42ND STREET, SUITE 1115	
CITY-ST-ZIP	NEW YORK NY 10165-0095	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DCP	☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(x), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Richard Koppel RICHARD U. KOPPEL, DIRECTOR 6/21/96 NY 687 1466
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone #

CR2E034 (3/96)