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Mar 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/21/1993	
21		26		4. FEI Number 13-3587651	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For	
22		27		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		8. This corporation owes or has paid the current year tangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No N/A	
24		29			
Country	25	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCP	1.1 TITLE	
NAME	GLOTIN, PAUL	1.2 NAME	
STREET ADDRESS	60 EAST 42ND STREET, SUITE 1115	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	1.4 CITY-ST-ZIP	
TITLE	DT	2.1 TITLE	
NAME	BOUCHET, PIERRE	2.2 NAME	
STREET ADDRESS	60 EAST 42ND STREET, SUITE 1115	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10165-0095	2.4 CITY-ST-ZIP	
TITLE	DV	3.1 TITLE	
NAME	GAILLY, NICOLAS	3.2 NAME	
STREET ADDRESS	60 EAST 42ND STREET, SUITE 1115	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10165-0095	3.4 CITY-ST-ZIP	
TITLE	DS	4.1 TITLE	
NAME	KOPPEL, RICHARD U	4.2 NAME	
STREET ADDRESS	60 EAST 42ND STREET, SUITE 1115	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10165-0095	4.4 CITY-ST-ZIP	
TITLE	AS	5.1 TITLE	
NAME	KESSLER, BARRY	5.2 NAME	
STREET ADDRESS	60 EAST 42ND STREET, SUITE 1115	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10165-0095	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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:

[Signature] BARRY KESSLER **ASST. SECY** 2/24/98 2/26/98 1466

CR2E034 (10/97)