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 # **F93000004026 (1)**

1. Corporation Name

URBITRAN ASSOCIATES, INC.

Principal Place of Business	Mailing Address
71 WEST 23RD STREET 11TH FLOOR NEW YORK NY 10010	71 WEST 23RD STREET 11TH FLOOR NEW YORK NY 10010

3. Date Incorporated or Qualified: **09/03/1993**
3a. Date of Last Report: **04/10/1995**

2. Principal Place of Business
21:
22. Suite, Apt. #, etc:
23. City & State:
24. Zip:
25. Country:

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

4. FEI Number: **13-2899877** ☐ 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

9. Name and Address of Current Registered Agent

BACHMAN, ELIZABETH A
2044 BEARSS AVENUE EAST-SUITE NO. 206
TAMPA FL 33613

10. Name and Address of New Registered Agent

81 Name: RONALD W SCHUTTA
82 Street Address (P.O. Box Number is Not Acceptable): 5 MC GARRY LANE
83:
84 City: WEST PALM BEACH FL 85 Zip Code: 33406

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: Ronald W Schutta — 6/19/96
Signature, type or print 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	CD FALCOCCHIO, JOHN C 3 GREENWAY NORTH FOREST HILLS NY 11375	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVCD HORODNICEANU, MICHAEL F 110-12 69TH AVENUE FOREST HILLS NY 11375	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LEE, ROBERT B 24 GEIGER LANE WARREN NJ 07060	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD NAROV, FRUMA 110-07 68TH AVENUE FOREST HILLS NY 11375	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V DIMITRI, MICHAEL S 8 SAW MILL LANE COLD SPRING HARBOR NY 11724	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] — 6/14/96 — 212-366-6220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number
MICHAEL HORODNICEANU