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)
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)

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 McGARRY 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, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when filing/changing) — DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	☐ DELETE
NAME	FALCOCCHIO, JOHN C	
STREET ADDRESS	3 GREENWAY NORTH	
CITY-ST-ZIP	FOREST HILLS NY 11375	
TITLE	PVCD	☐ DELETE
NAME	HORODNICEANU, MICHAEL F	
STREET ADDRESS	110-12 69TH AVENUE	
CITY-ST-ZIP	FOREST HILLS NY 11375	
TITLE	TD	☐ DELETE
NAME	LEE, ROBERT B	
STREET ADDRESS	24 GEIGER LANE	
CITY-ST-ZIP	WARREN NJ 07060	
TITLE	SD	☐ DELETE
NAME	NAROV, FRUMA	
STREET ADDRESS	110-07 68TH AVENUE	
CITY-ST-ZIP	FOREST HILLS NY 11375	
TITLE	V	☐ DELETE
NAME	DIMITRI, MICHAEL S	
STREET ADDRESS	8 SAW MILL LANE	
CITY-ST-ZIP	COLD SPRING HARBOR NY 11724	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ 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)(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: Michael Horodniceanu — 6/14/96 — 212-366-6220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone Number
MICHAEL HORODNICEANU

CR2E034 (3/96)