## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

NEW YORK NY 10014

1996

NEW YORK NY 10014

DOCUMENT # **F93000005374 (4)**1. Corporation Name

| ANIDIN    | INTERNATIONAL      | INIC   |
|-----------|--------------------|--------|
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Principal Place of Business Mailing Address

609 GREENWICH ST. 609 GREENWICH ST.



|  |  |            |                         |   |  | 3. Date Incorporated or Qualified   | 3a. Date                   | of Last Report   |
|--|--|------------|-------------------------|---|--|---|----------------------------|--|
|  |  |            |                         |   | 11/24/1993   | 04/20/1995  |                            |  |
| 2. Prin  | cipal Place of Business  | 2a.        | . Mailing Address       |   |  | 4. FEI Number   |                            | Applied For  |
| 21   | SAME   | 26         | SAME                    |   |  | 13-3060544  |                            | Not Applicable   |
| Suit   | e, Apt. #, etc.  | 27         | Suite, Apt. ≠, etc.     |   |  | 5. Certificate of Status Desired  | N/                         | \$8.75 Additional<br>Fee Required                      |
| City<br>23   | Orty & State Crity & State   |            |                         | Election Campaign Financing     Trust Fund Contribution |  | \$5.00 May Be<br>Added to Fees  |                            |  |
| Ζιρ<br>24  | Country 25   | 29         | Zφ                      | Country<br>30   |  | 8. This corporation has liability for i   | intangible ta<br>□ No      | x under s 199 032,                                     |
| <del></del>  | 9. Name and Address of Curre   | nt Regis   | stered Agent            | I   |  | 10. Name and Address of New R   | egistered /                | Agent  |
|  |  |            |                         | 81  | Name   |   |                            | •  |
| C T CORPORATION SYSTEM<br>1200 S. PINE ISLAND RD.<br>PLANTATION FL 33324 |  |            | 82                      | Street Add  | Street Address (P.O. Box Number is Not Acceptable) |   |                            |  |
|  |  |            |                         | 83  |  |   |                            |  |
|  |  |            |                         | 84  | City   |   | FL                         | 85 Zip Code  |
| Or.  | rsuant to the provisions of Sections 607.050<br>registered agent, or both, in the State of Flo<br>niliar with, and accept the obligations of, Se | rida. Suc  | h change was authorized | the above-<br>by the cond                               | named corpo<br>oration's boa                       | oration submits this statement for the pur<br>and of directors. Thereby accept the appo | pose of cha<br>pintment as | inging its registered office<br>registered agent. I am |
| SIGNA  | TURE   | ciacottică | appraise (NOE           | Registerer: Ager  | it Signature requir                                | eo wilker renistalingt  | DATE                       |  |

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. DEL ETE ☐ Change ☐ Addition 1.1 TITLE TITLE AZRIELANT, AYA 1.2 NAME STREET ADDRESS 609 GREENWICH ST. 1.3 STREET ADDRESS **NEW YORK NY 10014** 1.4 C+TY - ST - ZIP CITY - ST - ZIP DELETE Change Addition TITLE 2 1 TITLE ESPOSITO, JOHN C 2.2 NAME 609 GREENWICH ST. STREET ADDRESS 2.3 STREET ADDRESS NEW YORK NY 10014 24 CITY-ST-Z-P CITY - ST - ZIP DE:ETE ☐ Change ■ Addition TITLE 3 1 TITLE AZRIELANT, OFER 3.2 NAME 609 GREENWICH ST. STREET ADDRESS 3.3 STREET ADDRESS **NEW YORK NY 10014** 3.4 CITY - ST - ZIP CHTY-ST-ZIP DELETE Change TITLE 4 1 1171 F Addition 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY ST-ZIP DELETE ☐ Change ☐ Addition TITLE 5.2 NAME 5.3 STHEET ADDRESS STREET ADDRESS 5.4 CHY - ST - ZIP CITY-ST-ZIP DELETE ☐ Change Add tion TITLE 6 1 DTLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY - St - ZIP 6 4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is volunitarily 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, a population with an address

SIGNATURE:

MIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96

(212) 886 600

CR2E034 (12/95