

FILED
Aug 06 1997 8:00am
Secretary of State

DOCUMENT # F93000005892 (5)
1. Corporation Name
TRIAK SERVICES CORP

[REDACTED]

DO NOT WRITE IN THIS SPACE				
3. Date Incorporated or Qualified 12/28/1993	3a. Date of Last Report 02/14/1996			
4. FEI Number 13-3594912	<table border="1"> <tr> <td>Applied For</td> </tr> <tr> <td>Not Applicable</td> </tr> </table>		Applied For	Not Applicable
Applied For				
Not Applicable				
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required			
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees			
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

10. Name and Address of New Registered Agent

MIA DER DEO
P.O. Box Number is Not Acceptable
Forum Place Ste 906
Palm Beach **FL** **85** Zip Code **33401**

SIGNATURE Julia Y. Del Oro DATE 7/22/97
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating.)

13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	NEVILLE BOLVALA (M)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	7 HANOVER SQUARE	
1.3 STREET ADDRESS	4TH FLOOR	
1.4 CITY - ST - ZIP	NEW YORK, NY 10004	
2.1 TITLE	JOHN HOLMAN (M)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	7 HANOVER SQUARE	
2.3 STREET ADDRESS	4TH FLOOR	
2.4 CITY - ST - ZIP	NEW YORK, NY 10004	
3.1 TITLE	EVERETT F. LANG (P)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	7 HANOVER SQUARE	
3.3 STREET ADDRESS	4TH FLOOR	
3.4 CITY - ST - ZIP	NEW YORK, NY 10004	
4.1 TITLE	SETH ROSEN (M)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	7 HANOVER SQUARE	
4.3 STREET ADDRESS	4TH FLOOR	
4.4 CITY - ST - ZIP	NEW YORK, NY 10004	
5.1 TITLE	ED KUCHARSKI (M)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	7 HANOVER SQUARE	
5.3 STREET ADDRESS	4TH FLOOR	
5.4 CITY - ST - ZIP	NEW YORK, NY 10004	
6.1 TITLE	BILL KARSH (C)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	10 EXCHANGE PLACE	
6.3 STREET ADDRESS	JERSEY CITY, NJ	
6.4 CITY - ST - ZIP		

14. I do 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:  7-25-97 212-863-4702