

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000006595 (2)

1. Corporation Name

ASOMA CORPORATION



Principal Place of Business

105 CORPORATE PARK DRIVE
WHITE PLAINS NY 10604

Mailing Address

105 CORPORATE PARK DRIVE
WHITE PLAINS NY 10604

3. Date Incorporated or Qualified

12/27/1994

3a. Date of Last Report

05/10/1995

4. FEI Number

13-3613269

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST., STE. 105
TALLAHASSEE FL 32301

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 of foreign corporation must be a resident of Florida)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
C	SAMSON, ERIC	105 CORPORATE PARK DR.	WHITE PLAINS NY 10604	<input type="checkbox"/>
C	PRICE, LEON	105 CORPORATE PARK DR.	WHITE PLAINS NY 10604	<input type="checkbox"/>
DP	BENJAMIN, COLIN	105 CORPORATE PARK DR.	WHITE PLAINS NY 10604	<input type="checkbox"/>
D	LEVITT, STEVEN	105 CORPORATE PARK DR.	WHITE PLAINS NY 10604	<input type="checkbox"/>
S	RUBOCK, DANIEL B	105 CORPORATE PARK DR.	WHITE PLAINS NY 10604	<input checked="" type="checkbox"/>
V	PEEL, GLENN W	2700 POST OAK BLVD., STE. 2390	HOUSTON TX 77056	<input type="checkbox"/>

1	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	Change	Addition
V		SALVADIE RIBAZA	105 CORPORATE PARK DR	White Plains NY 10604	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S		RUBOCK, DANIEL B	105 CORPORATE PARK DR	White Plains NY 10604	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
P					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (12/95)