

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 # F95000000724 (3)

1. Corporation Name

O&Y VENTURE CORP.



Principal Place of Business

237 PARK AVENUE
NEW YORK NY 10017

Mailing Address

237 PARK AVENUE
NEW YORK NY 10017

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

UNITED CORPORATE SERVICES
SUITE 300
801 NORTHEAST 167TH STREET
NORTH MIAMI BEACH FL 33162

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

02/10/1995

3a. Date of Last Report

4. FEI Number

13-3642503

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

10. Name and Address of New Registered Agent

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 signature is not required if submitting this statement)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PCED	<input type="checkbox"/> DELETE
NAME	ZUCCOTTI, JOHN E	
STREET ADDRESS	OLYMPIA & YORK/ 237 PARK AVENUE	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE	EVD	<input type="checkbox"/> DELETE
NAME	SIMON, JOEL M	
STREET ADDRESS	OLYMPIA & YORK/ 237 PARK AVENUE	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE	EVD	<input type="checkbox"/> DELETE
NAME	FRUCHER, MEYER S	
STREET ADDRESS	OLYMPIA & YORK/ 237 PARK AVENUE	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE	SRV	<input type="checkbox"/> DELETE
NAME	FALUS, THOMAS	
STREET ADDRESS	OLYMPIA & YORK/ 237 PARK AVENUE	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE	DTS	<input type="checkbox"/> DELETE
NAME	SIMON, JOEL M	
STREET ADDRESS	OLYMPIA & YORK/ 237 PARK AVENUE	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	FRIEDMAN, ARTHUR S	
STREET ADDRESS	OLYMPIA & YORK/ 237 PARK AVENUE	
CITY-ST-ZIP	NEW YORK NY 10017	

13.

1.1 TITLE	SVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BELTRAM, RICHARD T	
1.3 STREET ADDRESS	OLYMPIA & YORK/237 Park Avenue	
1.4 CITY-ST-ZIP	NEW YORK, NY 10017	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Richard T. Beltram

3/19/96

(212) 850-9802

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)