

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
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DOCUMENT # F95000001562 (6)

1. Corporation Name

ADIPAR LTD., INC.

Principal Place of Business

Mailing Address

10 MULHOLLAND DRIVE
HASBROUCK HEIGHTS NJ 07604-3119

10 MULHOLLAND DRIVE
HASBROUCK HEIGHTS NJ 07604-3119



2. Principal Place of Business	2a. Mailing Address
21 1412 BROADWAY, 9TH FLOOR	26 1412 BROADWAY, 9TH FLOOR
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
23 NEW YORK, NY 10018	28 NEW YORK, NY 10018
24 Zip	29 Zip
Country	Country

3. Date Incorporated or Qualified	3a. Date of Last Report
03/31/1995	
4. FEI Number	Applied For
22-3165240	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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 signature required when reinstating)

(CA)

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	FRASCH, RONALD
STREET ADDRESS	10 MULHOLLAND DRIVE
CITY-ST-ZIP	HASBROUCK HEIGHTS NJ
TITLE	V
NAME	DEPARIS, LAWRENCE
STREET ADDRESS	10 MULHOLLAND DRIVE
CITY-ST-ZIP	HASBROUCK HEIGHTS NJ
TITLE	S
NAME	CHIMEL, RITA A
STREET ADDRESS	10 MULHOLLAND DRIVE
CITY-ST-ZIP	HASBROUCK HEIGHTS NJ
TITLE	T
NAME	MARQUES, CHRISTIAN D
STREET ADDRESS	10 MULHOLLAND DRIVE
CITY-ST-ZIP	HASBROUCK HEIGHTS NJ
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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	COB
2.3 STREET ADDRESS	CLAUDE PALATIN
2.4 CITY-ST-ZIP	1412 BROADWAY, 9TH FLOOR
3.1 TITLE	☐ Change ☒ Addition
3.2 NAME	S
3.3 STREET ADDRESS	CHRISTOPHER H. SMITH
3.4 CITY-ST-ZIP	1412 BROADWAY, 9TH FLOOR
4.1 TITLE	☐ Change ☒ Addition
4.2 NAME	V
4.3 STREET ADDRESS	NICHOLAS RATUT
4.4 CITY-ST-ZIP	1412 BROADWAY, 9TH FLOOR
5.1 TITLE	☐ Change ☒ Addition
5.2 NAME	V
5.3 STREET ADDRESS	CHARLES PRATT
5.4 CITY-ST-ZIP	1412 BROADWAY, 9TH FLOOR
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

H. Kevin Du

6/7/96

CR2E034 (3/96)