


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # F95 000003556</b>					
1. Corporation Name <b>KOALA MIAMI REALTY HOLDING CO., INC.</b>					

99 SEP 15 PM 12:48--

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>23 WALL STREET NEW YORK NY 10260-0023 US</b>	Mailing Address <b>23 WALL STREET NEW YORK NY 10260-0023 US</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Zip <b>29</b>
Country <b>25</b>	Country <b>30</b>

3. Date Incorporated or Qualified <b>07/24/1995</b>	
4. FEI Number <b>13-3842315</b>	Applied <input type="checkbox"/> Not Applied <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Addit Fee Requir
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Added to Fe
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	<b>DVAS</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME	<b>PFEIFFER, ANNE S</b>	1.2 NAME	
STREET ADDRESS	<b>23 WALL STREET</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK, NY.</b>	1.4 CITY-ST-ZIP	
TITLE	<b>DVT</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME	<b>ASTARITA, MICHAEL G</b>	2.2 NAME	
STREET ADDRESS	<b>23 WALL STREET</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK, NY.</b>	2.4 CITY-ST-ZIP	
TITLE	<b>DVAS</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME	<b>GARDINER, DOUGLAS R</b>	3.2 NAME	
STREET ADDRESS	<b>23 WALL STREET</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY</b>	3.4 CITY-ST-ZIP	
TITLE	<b>DVAS</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME	<b>OCHS, GEORGE L</b>	4.2 NAME	
STREET ADDRESS	<b>23 WALL ST</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY 23</b>	4.4 CITY-ST-ZIP	
TITLE	<b>DP</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME	<b>GIFFORD, BENJAMIN G</b>	5.2 NAME	
STREET ADDRESS	<b>23 WALL STREET</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY</b>	5.4 CITY-ST-ZIP	
TITLE	<b>VAS</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME	<b>DORT ALFRED</b>	6.2 NAME	
STREET ADDRESS	<b>23 WALL ST</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY</b>	6.4 CITY-ST-ZIP	

14. I 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 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 with all other like empowered.

SIGNATURE: Michael G. Astarita 4/2/99 G. Astarita 4/27/99 (212) 837-10

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Us Time Phone