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

APPROVED AND FILED
96 JUL 11 AM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900001891009
-07/11/96--01050--020
****233.75 ****233.75

DOCUMENT # F95000004645

1. Corporation Name
PAH GP, INC.

Principal Place of Business / Mailing Address
3030 LBJ FRWY. #1500
Dallas, TX 75234

3. Date Incorporated or Qualified: 9-12-95
3a. Date of Last Report:

2. Principal Place of Business
21 3030 LBJ FRWY.
Suite, Apt. #, etc.
22 #1500
City & State
23 DALLAS, TX
Zip
24 75234
Country
25 USA

2a. Mailing Address
26 3030 LBJ FRWY.
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number: 75-2614773 [ ] 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

9. Name and Address of Current Registered Agent

The Prentice-Hall Corporation System, Inc.
1201 Hays Street
Suite 105
Tallahassee, FL 32301

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) DATE

12. OFFICERS AND DIRECTORS

TITLE	Chairman + CEO	[ ] DELETE
NAME	Paul A. Nussbaum	
STREET ADDRESS	3720 Miramar	
CITY-ST-ZIP	Dallas, TX 75205	
TITLE	President + C.O.O.	[ ] DELETE
NAME	Thomas W. Lattin	
STREET ADDRESS	5911 Bermuda Dunes	
CITY-ST-ZIP	Houston, TX 77069	
TITLE	V.P. + CFO	[ ] DELETE
NAME	Rex E. Stewart	
STREET ADDRESS	322 Shady Hill	
CITY-ST-ZIP	Richardson, TX 75080	
TITLE	Senior V.P.	[ ] DELETE
NAME	Leslie Ng	
STREET ADDRESS	99-40 62nd DR.	
CITY-ST-ZIP	Rego Park, NY 11374	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		[ ] Change [ ] Addition
1.2 NAME	900001891009 -07/11/96--01050--021 ******8.75 ******8.75	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		[ ] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: Michael Murphy 214.886.4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #