

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

DOCUMENT # F95000004714 (0)

1. Corporation Name

HOSPITALITY RESTORATION AND BUILDERS, INC.



Principal Place of Business

Mailing Address

~~969 THIRD AVENUE  
NEW YORK NY 10022~~

~~969 THIRD AVENUE  
NEW YORK NY 10022~~

2. Principal Place of Business

2a. Mailing Address 1800 Century Park East

21 509 MADISON Avenue

26 509 MADISON Ave

Suite, Apt. #, etc

Suite, Apt. #, etc 370

22 1114

27 Suite 1114

City & State

City & State Los Angeles, CA

23 New York NY

28 New York NY

Zip

Zip 90067

Country

Country

24 10022

25 USA

29 10022

30 USA

3. Date Incorporated or Qualified

3a. Date of Last Report

09/27/1995

4. FEI Number

Applied For

13-3846447

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

10. Name and Address of New Registered Agent

NATIONSCORP REGISTERED AGENTS INC.  
526 EAST PARK AVE.  
STE. 200  
TALLAHASSEE FL 32302

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 the date

(NOTE: Registered Agent's signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PCDS  
NAME SCHWARTZ, TOVA  
STREET ADDRESS 11 WEDGEWOOD LANE  
CITY - ST - ZIP LAWRENCE NY

DELETE

TITLE VT  
NAME ANDERS, HOWARD  
STREET ADDRESS 30 EAST 65TH STREET  
CITY - ST - ZIP NEW YORK NY

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DELETE

11 TITLE CHAIRMAN  
12 NAME ALAN FRIEDBERG  
13 STREET ADDRESS 926 FIFTH Avenue  
14 CITY - ST - ZIP New York NY 10021

Change Addition

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP

Change Addition

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP

Change Addition

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP

Change Addition

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

Change Addition

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP

Change Addition

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:

Howard E. Anders

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HOWARD E. ANDERS

6-6-96 212 223-0699

CR2E034 (3/96)