

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

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Jan 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000004726 (4)

1. Corporation Name
PD EAST CORP.



Principal Place of Business
600 MADISON AVE.
NEW YORK NY 10022

Mailing Address
600 MADISON AVE.
NEW YORK NY 10022-1815

3. Date Incorporated or Qualified 09/28/1995
3a. Date of Last Report 08/19/1996

| | | | | | | | |
|--------------------------------|--|-------------------------|--|---|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 4. FEI Number 13-3848340 | | Applied For <input type="checkbox"/> Not Applicable | |
| 21. Suite, Apt. #, etc. | | 26. Suite, Apt. #, etc. | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 22. City & State | | 27. City & State | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 23. Zip | | 28. Zip | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 24. Country | | 29. Country | | | | | |

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------|---|---|
| TITLE | P | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DI MARCO, PATRIZIO | 1.2 NAME | |
| STREET ADDRESS | 57 W. 57TH ST | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | NEW YORK NY | 1.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | D | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BARTOLI, BRUNA | 2.2 NAME | |
| STREET ADDRESS | LOCALITA POGGILUPI | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | 52028 TERRANUOVA BN ITALY | 2.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | S | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GORI-MONTANELLI, RICCARDO | 3.2 NAME | |
| STREET ADDRESS | 600 MADISON AVE. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | NEW YORK NY 10022 | 3.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | S | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FISCHER, CYNTHIA G | 4.2 NAME | |
| STREET ADDRESS | 600 MADISON AVE. | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | NEW YORK NY 10022 | 4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | D | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MOTTURA, GIACOMO | 5.2 NAME | |
| STREET ADDRESS | CORSO V. EMANUELE II, 72 | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | 10121 TORINO, ITALY | 5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do 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 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: *Riccardo Gori-Montanelli* RICCARDO GORI-MONTANELLI, SECRETARY 1/16/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)