


1ST IS \$550.00

**FILED**  
**Feb 26, 1999 8:00 am**  
**Secretary of State**

02-26-1999 90017 001 \*\*\*158.75

|  |   |   |
|--|---|---|
| <b>PROFIT CORPORATION</b><br><b>ANNUAL REPORT</b><br><b>1999</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br><b>Secretary of State</b><br><b>DIVISION OF CORPORATIONS</b> |
| <b>DOCUMENT # F95000006111</b>                                   |   |   |
| <b>1. Corporation Name</b><br><b>DELMA ATRIUM CORP.</b>          |   |   |



|   |   |
|---|---|
| <b>Principal Place of Business</b><br><b>545 MADISON AVE - 17TH FLOOR</b><br><b>NEW YORK NY 10022</b> | <b>Mailing Address</b><br><b>545 MADISON AVE - 17TH FLOOR</b><br><b>NEW YORK NY 10022</b> |
|---|---|

DO NOT WRITE IN THIS SPACE

|  |  |  |  |   |   |   |
|--|--|--|--|---|---|---|
| <b>2. Principal Place of Business</b><br><b>21 3900 NW 79th Ave.</b><br><b>Suite, Apt. #, etc.</b><br><b>22 SUITE 500</b><br><b>City &amp; State</b><br><b>23 MIAMI, FL</b><br><b>Zip</b><br><b>24 33166</b> |  | <b>2a. Mailing Address</b><br><b>26 444 MADISON AVE NILE</b><br><b>Suite, Apt. #, etc.</b><br><b>27 12th FLOOR</b><br><b>City &amp; State</b><br><b>28 NEW YORK, NY</b><br><b>Zip</b><br><b>29 10022</b> |  | <b>3. Date Incorporated or Qualified</b><br><b>12/15/1995</b>   | <b>4. FEI Number</b><br><b>13-3880705</b> | <b>Applied For</b><br><input type="checkbox"/> Not Applicable |
| <b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  | <b>6. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>  |  | <b>8. This corporation owes the current year intangible Personal Property Tax:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No |   |   |

|   |  |
|---|--|
| <b>9. Name and Address of Current Registered Agent</b><br><b>WOLFE, LARRY</b><br><b>200-A JOHN KNOX ROAD</b><br><b>TALLAHASSEE FL 32314</b> | <b>10. Name and Address of New Registered Agent</b><br><b>81 Name</b> <b>C.T. CORPORATION SYSTEM</b><br><b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>1200 SOUTH PINE ISLAND ROAD</b><br><b>83</b><br><b>84 City</b> <b>PLANTATION</b> <b>FL</b> <b>85 Zip Code</b> <b>33324</b> |
|---|--|

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 Charles W. Meyer **CHARLES W. MEYER** **4/17/99**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature must be accompanied by a notary public signature and seal.) DATE

|   |   |   |   |
|---|---|---|---|
| <b>12. OFFICERS AND DIRECTORS</b>   |   | <b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>  |   |
| <b>TITLE</b> <b>PCDT</b> <input type="checkbox"/> DELETE<br><b>NAME</b> <b>TOROYAN, KEVORK</b><br><b>STREET ADDRESS</b> <b>545 MADISON AVE - 17TH FLOOR</b><br><b>CITY-ST-ZIP</b> <b>NEW YORK NY 10022</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | <b>1.1 TITLE</b><br><b>1.2 NAME</b><br><b>1.3 STREET ADDRESS</b> <b>CP DELMA PROPERTIES, INC. - 444 MADISON AVE - 12TH FL</b><br><b>1.4 CITY-ST-ZIP</b> <b>FL</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b> <b>EV</b> <input type="checkbox"/> DELETE<br><b>NAME</b> <b>BARRETT, PATRICK D</b><br><b>STREET ADDRESS</b> <b>545 MADISON AVE - 17TH FLOOR</b><br><b>CITY-ST-ZIP</b> <b>NEW YORK NY 10022</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition | <b>2.1 TITLE</b><br><b>2.2 NAME</b><br><b>2.3 STREET ADDRESS</b> <b>CP DELMA PROPERTIES, INC. - 444 MADISON AVE - 12TH FL</b><br><b>2.4 CITY-ST-ZIP</b>           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b> <b>S</b> <input type="checkbox"/> DELETE<br><b>NAME</b> <b>TOROYAN, SETA</b><br><b>STREET ADDRESS</b> <b>545 MADISON AVE - 17TH FLOOR</b><br><b>CITY-ST-ZIP</b> <b>NEW YORK NY 10022</b>       | <input type="checkbox"/> Change <input type="checkbox"/> Addition | <b>3.1 TITLE</b><br><b>3.2 NAME</b><br><b>3.3 STREET ADDRESS</b> <b>CP DELMA PROPERTIES, INC. - 444 MADISON AVE - 12TH FL</b><br><b>3.4 CITY-ST-ZIP</b>           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b> <input type="checkbox"/> DELETE<br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | <b>4.1 TITLE</b><br><b>4.2 NAME</b><br><b>4.3 STREET ADDRESS</b><br><b>4.4 CITY-ST-ZIP</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b> <input type="checkbox"/> DELETE<br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | <b>5.1 TITLE</b><br><b>5.2 NAME</b><br><b>5.3 STREET ADDRESS</b><br><b>5.4 CITY-ST-ZIP</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b> <input type="checkbox"/> DELETE<br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | <b>6.1 TITLE</b><br><b>6.2 NAME</b><br><b>6.3 STREET ADDRESS</b><br><b>6.4 CITY-ST-ZIP</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 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, with all other like empowered.

SIGNATURE:

PATRICK D. BARRETT  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**PATRICK D. BARRETT - EXECUTIVE VICE PRESIDENT**

11/2/99 (212) 355-4335  
 Date Daytime Phone #

CR2E034 (11/98)