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FILED
Mar 13 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F96000001721 (7)

1. Corporation Name

COMMERCIAL BANK OF NEW YORK

Principal Place of Business

320 PARK AVE
NEW YORK NY 10022

Mailing Address

320 PARK AVE
NEW YORK NY 10022

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/05/1996

4. FEI Number

13-3463014

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION COMPANY OF MIAMI
1500 MIAMI CENTER, 201 S. BISCAYNE BLVD
MIAMI FL 33131

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PCEO ☐ DELETE

NAME BERMAN, JACOB
STREET ADDRESS 95 DWIGHT PLACE
CITY-ST-ZIP ENGLEWOOD NJ 07631

1.1 TITLE ☐ Change ☐ Addition

TITLE CV ☐ DELETE

NAME SAFDIE, GABRIEL R
STREET ADDRESS 993 PARK AVE
CITY-ST-ZIP NEW YORK NY 10028

2.1 TITLE ☐ Change ☐ Addition

TITLE V ☐ DELETE

NAME FRIED, HERBERT K
STREET ADDRESS 72 STRATFORD RD
CITY-ST-ZIP NEW ROCHELLE NY 10804

3.1 TITLE ☐ Change ☐ Addition

TITLE V ☐ DELETE

NAME PAULUCCI, JOSE A
STREET ADDRESS 5 ROBERT CRISFIELD PLACE
CITY-ST-ZIP RYE NY 10580

4.1 TITLE ☐ Change ☐ Addition

TITLE S ☐ DELETE

NAME MINDER, DAVID J
STREET ADDRESS 8 LOCUST HOLLOW DR
CITY-ST-ZIP MONSEY NJ 10952

5.1 TITLE ☐ Change ☐ Addition

TITLE V ☐ DELETE

NAME ABADI, MAURICIO
STREET ADDRESS 500 E. 83RD ST, APT 14K
CITY-ST-ZIP NEW YORK NY 10028

6.1 TITLE ☐ Change ☐ 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.

SIGNATURE:

her Berman

3/14/98

212-409-3600

CR2E034 (10/97)