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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000002405 (6)

RONAL PRODUCTS CO., INC.

Principal Place of Business

Mailing Address

FILED Feb 18 1997 8:00am Secretary of State



242 WEST 36TH ST. NEW YORK NY 10018		242 WEST 36TH ST. NEW YORK NY 10018-7504						
					3. Date Incorporated or Qualified 05/14/1996	3a. Date of L	ast Report	
2. Principal Place of Business 21		2a. Mailing Address 26			4. FEI Number 13-1855211		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	⊢ ' '		5. Certificate of Status Desired	7	\$8.75 Additional Fee Required	
City & State		City & State	28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution ☐ Added to Fees			
Zip 24	Country 25	Zip 29	29 30			 This corporation has liability for intengible tax under s. 199.032, Florida Statutes Yes ☐ No 		
	9. Name and Address of Cui	rent Registered Agent		T	10. Name and Address of New Re	gistered Agent		
	DELMAN, ROSS		81	Name				
13490 NORTHWEST 45TH AVE. OPA LOCKA FL 33054			82		iress (P.O. Box Number is Not Acceptab	le)		
			83	1				
			84	City		FI 85	Zip Code	
11. Pursuant	to the provisions of Sections 607	0502 and 607 1508. Florida Statu	tes the abov	re-named cor	poration submits this statement for the p		ing its registered	
office or r	egistered agent, or both, in the Si	tate of Florida. Such change was	authorized b	y the corpora	tion's board of directors. I hereby accep	t the appointme	nt as registered	
	rn ramiliar wiin, and accept the or	uligations of, Section 607.00005, Fi	ionua statute	5.				
SIGNATURE	Signature, typed or printed name of registered	d agent and title if applicable. (NO)	Th: Registered Ag	en; signaturé requ	ired when reinstating)	DATE		
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		CTORS IN 12	
TITLE	DP	DELETE	1.1 TITLE			☐ Ch	ange Addition	
NAME	Kapner, Ronald		12 NAME	1				
STREET ADDRESS	242 WEST 36TH ST.		1.3 STREE	T ADDRESS				
CITY-S1-ZIP	NEW YORK NY 10018		1.4 CITY-	ST-ZIP				
TITLE	DVST	☐ DELETE				☐ Ch:	ange Addition	
NAME	SCHWARTZ, NEAL		2.2 NAME					
STREET ADDRESS	242 WEST 36TH ST.		2.3 STREET ADDRESS					
CITY - ST - ZIP	NEW YORK NY 10018		2. 4 CITY-	ST-ZIP			j	
TITLE	D DELETE		3 1 TITLE			☐ Ch	ange 🔲 Addition	
NAME	SCHWARTZ, ALISON		3.2 NAME					
STREET ADDRESS	242 WEST 36TH ST.		3 3 STREE	T ADDRESS				
CITY+ST-ZIP	NEW YORK NY 10018		3.4. CITY-	ST-ZIP				
TITLE		☐ DÉLETE	4.1 TITLE			∐ Ch	ange 🔲 Addition	
NAME			4. 2 NAME					
STREET ADDRESS				T ADORESS				
CITY-ST-ZIP		T or ere	4.4 CITY-	ST-ZIP			4.400	
TOTLE	DELETE		5.1 TITLE	1		☐ Cha	ange 🔲 Addition	
NAME			5.2 NAME					
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP		DELETE	5.4 CITY - :	ST - ZIP		☐ Cha	ange Addition	
TITLE		☐ DELETE	6.1 TITLE			L Chi	inde 🗖 vanitieu [
NAME			6.2 NAME				\	
STREET ADDRESS			4	T ADORESS				
CITY-ST-ZIP	and it that the information a mi	aliant with this fillian door and a self-	6.4 CITY-		d in Contine 110 07/2Vi). Florida Statute	I further earlife	that the	

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 of distere 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 attackment with an address.

CR2E034 (9/96)