

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Oct 01 1998 8:00am
Secretary of State

DOCUMENT # F96000002405 (6)

1. Corporation Name

RONAL PRODUCTS CO., INC.



Principal Place of Business

242 WEST 36TH ST.
NEW YORK NY 10018

Mailing Address

242 WEST 36TH ST.
NEW YORK NY 10018

530 West 28th St
New York NY 10001-5509

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 530 West 28th Street

Suite, Apt. #, etc.

22 City & State

23 New York, NY

Zip

Country

24 10001-5509

25 USA

2a. Mailing Address

26 530 West 28th Street

Suite, Apt. #, etc.

27 City & State

28 New York, NY

Zip

Country

29 10001-5509

30 USA

3. Date Incorporated or Qualified

05/14/1996

4. FEI Number

13-1855211

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

9. Name and Address of Current Registered Agent

NADELMAN, ROSS
13490 NORTHWEST 45TH AVE.
OPA LOCKA FL 33054

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME KAPNER, RONALD
STREET ADDRESS 242 WEST 36TH ST.
CITY-ST-ZIP NEW YORK NY 10018 ☐ DELETE

TITLE DVST
NAME SCHWARTZ, NEAL
STREET ADDRESS 242 WEST 36TH ST.
CITY-ST-ZIP NEW YORK NY 10018 ☐ DELETE

TITLE D
NAME SCHWARTZ, ALISON
STREET ADDRESS 242 WEST 36TH ST.
CITY-ST-ZIP NEW YORK NY 10018 ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP ☒ Change ☐ Addition
1.2 NAME Kapner, Ronald
1.3 STREET ADDRESS 530 West 28th Street
1.4 CITY-ST-ZIP New York, NY 10001-5509

2.1 TITLE DVST ☒ Change ☐ Addition
2.2 NAME Schwartz, Neal
2.3 STREET ADDRESS 530 West 28th Street
2.4 CITY-ST-ZIP New York, NY 10001-5509

3.1 TITLE D ☒ Change ☐ Addition
3.2 NAME Schwartz, Alison
3.3 STREET ADDRESS 530 West 28th Street
3.4 CITY-ST-ZIP New York, NY 10001-5509

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

CR2E034 (5/98)