

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

FILED  
Jan 27 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000004978 (0)

1. Corporation Name  
HRH CONSTRUCTION INTERIORS, INC.

Principal Place of Business  
909 THIRD AVE. 16TH FLOOR  
NEW YORK NY 10022

Mailing Address  
909 THIRD AVE. 16TH FLOOR  
NEW YORK NY 10022-4785

3. Date Incorporated or Qualified 09/27/1996	3a. Date of Last Report
4. FEI Number 13-3848353	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	10. Name and Address of New Registered Agent
	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	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	ROSS, FRANK SR <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	909 THIRD AVE, 16TH FLOOR	1.2 NAME	
STREET ADDRESS	NEW YORK NY 10022	1.3 STREET ADDRESS	
CITY - ST - ZIP	VCP	1.4 CITY - ST - ZIP	
TITLE	SILVERMAN, JOEL <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	909 THIRD AVE, 16TH FLOOR	2.2 NAME	
STREET ADDRESS	NEW YORK NY 10022	2.3 STREET ADDRESS	
CITY - ST - ZIP	SD	2.4 CITY - ST - ZIP	
TITLE	SOLOMON, MITCHELL <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	909 THIRD AVE, 16TH FLOOR	3.2 NAME	
STREET ADDRESS	NEW YORK NY 10022	3.3 STREET ADDRESS	
CITY - ST - ZIP	VT	3.4 CITY - ST - ZIP	
TITLE	WEINFELD, LEWIS A <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	909 THIRD AVE, 16TH FLOOR	4.2 NAME	
STREET ADDRESS	NEW YORK NY 10022	4.3 STREET ADDRESS	
CITY - ST - ZIP	V	4.4 CITY - ST - ZIP	
TITLE	GENOVESE, ANTHONY <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	909 THIRD AVE, 16TH FLOOR	5.2 NAME	
STREET ADDRESS	NEW YORK NY 10022	5.3 STREET ADDRESS	
CITY - ST - ZIP	V	5.4 CITY - ST - ZIP	
TITLE	FRANKL, ANDY <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	909 THIRD AVE, 16TH FLOOR	6.2 NAME	
STREET ADDRESS	NEW YORK NY 10022	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:  1/15/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)