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

PROFIT

FLORIDA DEPARTMENT OF STATE

FILED May 19, 1999 8:00 am

CORPORATION ANNUAL REPORT				Katherine Harris Secretary of State				Secretary of State						
1999				DIVISION OF CORPORATIONS					05-19-1999 90011 008 ***600.00					
	MENT #	F4800000	3/4	4				_						
PAMI-F	L13 Inc.													,
Principal Place	of Business		Ma	ailing Address					†					
									DO NOT WRITE IN	THIS	SPACE			
									3. Date incorporated or Qualified 06/04/98					
2. Principal I	Place of Busines	8	_	. Mailing Address					4. FEI Number				lied F	_
21 3 Wor Suite, Apt.	dd Financi	al Center	26	26 101 Hudson Street					22-3635564		<u> </u>		Applic	_
22 Suite, Apt.	#, 0 1G.		27	Suite, Apt. #, etc. 27 39th Floor					5. Certificate of Status Desired \$8.75 Additional Fee Required					' {
City & Stat	le Zamla NIV		L	City & State	e				6. Election Campaign Financing \$5.00 May Be					
Zip New Y	ork, NY	Country	28	Jersey City.	, IN.	Countr	<u></u>		Trust Fund Contribution 8. This corporation owes the current		Added to			-
24 T0285		ŬS	29	07302	30	US			Property Tax.	Ye	-		No	
	9. Name and	Address of Current	Regis	stered Agent			Name .		10. Name and Address of New Reg	Istered	Agent			
						8	Name							
The Pr	entice-Hal	ll Corporatio	n S	vstem		82	Street .	Addre	ess (P.O. Box Number is Not Acceptab	le)				
	ays Street			•		83	1							
Suite 1						L	I Cir.		 		loel 7		-da	——
Tallaha	assee, FL 3	32301				84	City			FL	85 Z -	ip Co	ме	- 1
registered	office or registe		the S	tate of Florida Such	char	nde was	sauthoriz	ed by	corporation submits this statement for / the corporation's board of directors. I utes.					
	Signature, typed or	printed name of register					E: Registe		gent signature required when reinstating)		TE	_		
12.	D	OFFICERS AND D	IRECT		_	13.			ADDITIONS/CHANGES TO OFFICER	SAND				
TITLE NAME	Yon K. (Cho		DELET		1.1 TITLI 1.2 NAMI		İ			Char	Вe	L.JA	ddition
STREET ADDRESS		Financial Co	ente	r			ET ADORES	s						
CITY - ST - ZIP	New Yor	k, NY 10285	<u> </u>			1,4 CITY	- ST - ZIP							
TITLE	V	OID :		DELET	_	2.1 TITLE					Char	ige	A	ddition (
NAME	Barry J.	O'Brien son Street				2.2 NAM	E EET ADDRES							}
STREET ADDRESS CITY - ST - ZIP		ity, NJ 07302	2			2.3 SIRE 2.4 CITY		⁸						l
TITLE	S	<u>/,7 - 13 0 / </u> 30/		DELET	_	3.1 TITUE		+			Char	nge		ddition
NAME	Jennifer			_	ı	3.2 NAMI	Ε				_		_	
STREET ADDRESS	3 World	Financial Co	ente	r	- 1		ET ADDRES	s						- [
CITY - ST - ZIP	T New Yor	k, NY 10285	<u> </u>		_	3.4 CITY		+					─	4416
NAME NAME	Daniel O	. Minerva		DELET		4.1 TITLE 4.2 NAMI					Char	це	∟.A	ddition
STREET ADDRESS	3 World	Financial Co	ente	r			- ET ADDRES	s						
CITY - ST - ZIP		k, NY 10285	<u> </u>			4.4 CITY	- \$T - ZIP	丄	····					
TITLE	D I	The man are a second		DELET		5.1 TITU		1			Char	nge	□	ddition
NAME	Joseph J	. Flannery Financial Co	anto		- 6	5.2 NAMI		ا						
STREET ADDRESS CITY - ST - ZIP		k, NY 10285		1			ET ADDRES - ST - ZIP	S						
TITLE	D	,,		DELET	_	6.1 TITLE		+			Chai	 nae	Па	ddition
NAME	Edward	J. Meylor				6.2 NAME						-9~	۳''لب	
STREET ADDRESS	3 World	Financial Co		r	- 1		ET ADDRES	is						1
CITY - ST - ZIP		k, NY 10285			_		-ST-ZIP	\perp						
14. I hereby co	ertify that the info	rmation supplied wit	h this	filing does not qualif	y for	the exe	mption st	tated i	in Section 119.07(3)(i), Florida Statute	s. I furt	her certi	N tha	it 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.

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SIG	N.	ΔΙ	IK	F

Vice President BARRY J. O'BRIEN 04/22/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President Date

(201) 524-5822