

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

FILED
May 19, 1999 8:00 am
Secretary of State

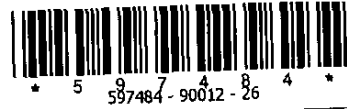
05-19-1999 90011 008 ***600.00

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **F980000031 US**

1. Corporation Name
PAMI-FL14 Inc.



Principal Place of Business Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 **3 World Financial Center**
 Suite, Apt. #, etc.
 22
 City & State
 23 **New York, NY**
 Zip
 24 **10285** Country
 25 **US**

2a. Mailing Address
 26 **101 Hudson Street**
 Suite, Apt. #, etc.
 27 **39th Floor**
 City & State
 28 **Jersey City, NJ**
 Zip
 29 **07302** Country
 30 **US**

3. Date Incorporated or Qualified
06/04/98

4. FEI Number
22-3635555 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 the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

The Prentice-Hall Corporation System
1201 Hays Street
Suite 105
Tallahassee, FL 32301

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 *Vickie Schreiber* - **Vickie Schreiber - Asst. Vice President** July 8, 1999

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Yon K. Cho 3 World Financial Center New York, NY 10285	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V Barry J. O'Brien 101 Hudson Street Jersey City, NJ 07302	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Jennifer Marre 3 World Financial Center New York, NY 10285	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T Daniel O. Minerva 3 World Financial Center New York, NY 10285	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Joseph J. Flannery 3 World Financial Center New York, NY 10285	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Edward J. Meylor 3 World Financial Center New York, NY 10285	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, with all other like empowered.

SIGNATURE: *Barry J. O'Brien* **Vice President BARRY J. O'BRIEN** 04/22/99 (201) 524-5822

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)