


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

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

05-19-1999 90030 005 ***450.00

PROFIT CORPORATION ANNUAL REPORT 1999	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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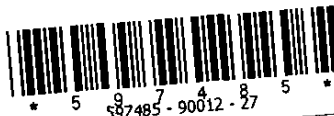
DOCUMENT # F98000003107

1. Corporation Name

PAMI-FL1 Inc.

Principal Place of Business

Mailing Address



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/04/98

2. Principal Place of Business 21 3 World Financial Center Suite, Apt. #, etc. 22 City & State 23 New York, NY Zip 24 10285	2a. Mailing Address 26 101 Hudson Street Suite, Apt. #, etc. 27 39th Floor City & State 28 Jersey City, NJ Zip 29 07302	4. FEI Number 22-3635243	Applied For <input type="checkbox"/> Not Applicable
Country 25 US	Country 30 US	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 08, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P Yon K. Cho	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3 World Financial Center	1.2 NAME	
STREET ADDRESS	New York, NY 10285	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	V Barry J. O'Brien	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	101 Hudson Street	2.2 NAME	
STREET ADDRESS	Jersey City, NJ 07302	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	S Jennifer Marre	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3 World Financial Center	3.2 NAME	
STREET ADDRESS	New York, NY 10285	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	T Daniel O. Minerva	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3 World Financial Center	4.2 NAME	
STREET ADDRESS	New York, NY 10285	4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	D Joseph J. Flannery	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3 World Financial Center	5.2 NAME	
STREET ADDRESS	New York, NY 10285	5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	D Edward J. Meylor	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3 World Financial Center	6.2 NAME	
STREET ADDRESS	New York, NY 10285	6.3 STREET ADDRESS	
CITY - ST - ZIP		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, with all other like empowered.

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #