


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

FILED

Feb 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # K05904 (3) 1. Corporation Name HAMLET HOLDINGS, INC.			
Principal Place of Business THE BANK OF NEW YORK ONE WALL ST. NEW YORK NY 10005		Mailing Address 48 WALL STR 16TH FLOOR NEW YORK NY 10005-2801 US	
2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 10286 Country		2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 10286 Country	
3. Date Incorporated or Qualified 12/08/1987		3a. Date of Last Report 02/23/1996	
4. FEI Number 13-3442135		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent CORPORATION INFORMATION SERVICES, INC. 1201 HAYES STREET 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 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____			
12. OFFICERS AND DIRECTORS			
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	D	DIETZ, HAROLD F	ONE WALL ST. NEW YORK NY
			<input checked="" type="checkbox"/> DELETE
	D	SILITCH, NICHOLAS C	ONE WALL ST. NEW YORK NY
			<input checked="" type="checkbox"/> DELETE
	V	SARG, LAWRENCE F	ONE WALL ST. NEW YORK NY
			<input type="checkbox"/> DELETE
	V	LAPHAM, STEVEN P.	ONE WALL ST NEW YORK NY
			<input type="checkbox"/> DELETE
	T	SCRAGG, WILLIAM M.	ONE WALL ST NEW YORK NY
			<input type="checkbox"/> DELETE
	V	LEARY, JOSEPH F	48 WALL STREET - 16TH FLOOR NEW YORK NY
			<input type="checkbox"/> DELETE
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
	D	KRAUS, DAVID P.	ONE WALL ST. - 22ND FLOOR NEW YORK, N.Y. 10286
			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
	D, P	SLANE, MARK R.	ONE WALL STREET, 16TH FL. NEW YORK, N.Y. 10286
			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, on an attachment with an address.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/97

212-495-1881

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CR2E034 (9/96)