

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

FILED
May 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K08901 (6)
1. Corporation Name
RAJMAN BROTHERS CORPORATION

Principal Place of Business
* RICHARD WASSERSTEIN
BAY HARBOR FL 33154
US

Mailing Address
PO BOX 402188
MIAMI BEACH FL 33140-0188
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 111 KANE CONCOURSE 22 SUITE 610 23 BAY HARBOR FL 24 33154	2a. Mailing Address 26 111 KANE CONCOURSE 27 SUITE 610 28 BAY HARBOR FL 29 33154	3. Date Incorporated or Qualified 12/24/1987	4. FEI Number 65-0027519	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	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent WASSERSTEIN, RICHARD 913 NORMANDY DR. (71ST. ST.) MIAMI BEACH FL 33141	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
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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 PD NAME RAJMAN, ISSAC STREET ADDRESS 1111 KANE CONCOURSE SUITE 610 CITY-ST-ZIP BAY HARBOR FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE VST NAME RAJMAN, CLARA STREET ADDRESS 1111 KANE CONCOURSE SUITE 610 CITY-ST-ZIP BAY HARBOR FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE D NAME RAJMAN, CLARA STREET ADDRESS 1111 KANE CONCOURSE SUITE 610 CITY-ST-ZIP BAY HARBOR FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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.

SIGNATURE: *Issac Rajman* April 10/98 305) 868-8785

CR2E034 (10/97)