FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 10: 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L40898 (3)

1. Corporation Name
OROLOGI PAOLO INC.

Principal Place of Business
26 EAST 64TH ST.
2ND FLOOR
NEW UORK NY 10021
US

Mailing Address
~~9040 SUNSET DRIVE~~
~~#60~~
~~MIAMI FL 33173~~
~~US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/03/1990
3a. Date of Last Report: 02/22/1994
4. FEI Number: 65-0249971 ☐ 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 has liability for intangible tax under S. 199.032 Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 26 E. 64 Street
Suite, Apt #, etc
27 2nd Floor
City & State
28 New York, NY
Zip 29 10021 Country 30 U.S.A.

9. Name and Address of Current Registered Agent
TODOROFF, JORGE (CPA)
9040 SUNSET DRIVE, SUITE 60
~~SUITE 0-E~~
MIAMI FL 33173

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

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	AZAR, PETRA
STREET ADDRESS	6020 LOWER MOUNTAIN ROAD
CITY-ST-ZIP	NEW HOPE PA
TITLE	VST
NAME	AZAR, CHUCK
STREET ADDRESS	6020 LOWER MOUNTAIN ROAD
CITY-ST-ZIP	NEW HOPE PA
TITLE	D
NAME	AZAR, CHUCK
STREET ADDRESS	6020 LOWER MOUNTAIN ROAD
CITY-ST-ZIP	NEW HOPE PA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Vice President	☐ Change ☒ Addition
4.2 NAME	Howard Feller	
4.3 STREET ADDRESS	26 E. 64 St., 2nd Floor	
4.4 CITY-ST-ZIP	New York, NY 10021	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: [signature] Howard Feller 4/28/95 (212) 593-0100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0100527 CP