

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

FILED
May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L40898** (3)

1. Corporation Name
OROLOGI PAOLO INC.

Principal Place of Business 390 FIFTH AVENUE SUITE 500 NEW YORK NY 10018 US	Mailing Address 390 FIFTH AVENUE SUITE 500 NEW YORK NY 10018-8104 US
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3. Date Incorporated or Qualified 01/03/1990	3a. Date of Last Report 03/12/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 New York, NY 24 Zip 25 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 New York, NY 29 Zip 30 Country	4. FEI Number 65-0249971 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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent TODOROFF, JORGE (CPA) 6040 SUNSET DRIVE, SUITE 212 MIAMI FL 33173	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 9360 Sunset Drive 83 Suite 212 84 City Miami 85 Zip Code FL 33173
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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	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME AZAR, PETRA		1.2 NAME	
STREET ADDRESS 6020 LOWER MOUNTAIN ROAD		1.3 STREET ADDRESS	
CITY - ST - ZIP NEW HOPE PA		1.4 CITY - ST - ZIP	
TITLE VST	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME AZAR, CHUCK		2.2 NAME	
STREET ADDRESS 6020 LOWER MOUNTAIN ROAD		2.3 STREET ADDRESS	
CITY - ST - ZIP NEW HOPE PA		2.4 CITY - ST - ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME AZAR, CHUCK		3.2 NAME	
STREET ADDRESS 6020 LOWER MOUNTAIN ROAD		3.3 STREET ADDRESS	
CITY - ST - ZIP NEW HOPE PA		3.4 CITY - ST - ZIP	
TITLE VP	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FELLER, HOWARD		4.2 NAME	
STREET ADDRESS 390 FIFTH AVENUE		4.3 STREET ADDRESS 390 Fifth Avenue, Suite 500	
CITY - ST - ZIP NEW YORK NY		4.4 CITY - ST - ZIP New York, NY 10018	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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, or on an attachment with an address.

SIGNATURE:  **Howard Feller** (212) 244-9200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0006063

CR2E034 (9/96)