## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1. Corporation	JMENT on Name RK 919, IN	·· IVITE	293	(4)			ARING (ass display	1 <b>1</b> 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Principal Place of Business Mailing Address  103 GREENE ST. NEW YORK, NY, 10012  Mailing Address  103 GREENE ST. NEW YORK, NY, 10012									
NEW 10	KK. NT. 1001	2	NEW YOR	RK. NY. 10012					
2. Principal C	Place of Pureiro	000	·····			3. Date Incorporated or Qualified 11/26/1986	3a. Date	of Last 05/01	•
21	Principal Place of Business			dress		4. FEI Number			Applied For
	Suite, Apt. #, etc.			#, etc.		59-2758302			Not Applicable
City & Stat				43		5. Certificate of Status Desired			5 Additional Required
<b>23</b> ] Zip		Country	City & State	···		Election Campaign Financing     Trust Fund Contribution		<b>\$5.</b> 0	00 May Be ed to Fees
24		Country 25	Ζη: 29	20	Country	8. This corporation has liability for i	intangible ta	x under :	s 199.032,
	9. Name	and Address of Curre	ent Registered Agen	t		10. Name and Address of New R		Agent	
COURTNEY, MARLO 650 OCEAN DRIVE				81 Name 82 Street Ad		dress (P.O. Box Number is Not Acceptabl			
MIAM	BCH FL 3	3139		•	83			······································	
					84 City			85 7	p Code
11 Purcusul t	to the provision	no of Charles a pour or o					FL	03 6	ib code
or receiptor	and pagent on the	Sus of Sections POV DPU	)2 and 607.1508, Florid	da Statutes, the al	bove-named cornor	oration submite this platement for the			
						oration submits this statement for the purpart of directors. I hereby accept the appo	pose of cha pintment as	nging its registered	registered office d agent. I am
12.	Signature typed o	r printed name of registered agri			red Agent signature require	ect when rainstating)	pose of char pintment as	- 140	
<b>12.</b> Inle	Signature typed o	r printed name of registered agree OFFICERS AN	of and title if applicable.	NOTE Register	red Agent signature require		pose of cha- pose of cha- post as a part CERS AND	DIRECTO	
12. TITLE	Signature typed o  PST GOLDI	OFFICERS AN	ot and title if applicable. ND DIRECTORS	NOTE: Register  13 ETE 1. 1	rod Agent signature require	ect when rainstating)	pose of cha- pose of cha- post as a part CERS AND	- 140	
12. Title Name Street address	PST GOLDI 103 GI	OFFICERS AN  MAN, ANTHONY  REENE ST.	ot and title if applicable. ND DIRECTORS	NOTE Registe  13 FTE 1.1 12 1.3	rod Agent eignature require  3. 1 TITLE NAME STREET ADDRESS	ect when rainstating)	pose of cha- pose of cha- post as a part CERS AND	DIRECTO	
12.  TITLE  NAME  STHEET ADDRESS  CTY-ST-ZIP	PST GOLDI 103 GI	OFFICERS AN	or and title if applicable, ND DIRECTORS	NOTE Registe  13 ETE 1.1 1.2 1.3	od Agent egnature require  1 TITLE INAME STREET ADDRESS CITY-ST-ZIP	ect when rainstating)	pose of cha- pose of cha- post as a part CERS AND	DIRECTO	DRS IN 12
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SIGNATURE: \_ 本

SIGNATORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(212) 925-2418