

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **P06809** (8)

1. Corporation Name

ARIOLA EURODISC, INC.

Principal Place of Business		Mailing Address	
1540 BROADWAY 24TH FLOOR NEW YORK NY 10036-4094 US		1540 BROADWAY 24TH FLOOR NEW YORK NY 10036-4094 US	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
Zip	Country	Zip	Country
24	25	29	30

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
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 Zip Code 05

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 translating:

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DORNEMANN, MICHAEL	12 NAME	
STREET ADDRESS	1540 BROADWAY	13 STREET ADDRESS	
CITY ST-ZIP	NEW YORK NY	14 CITY ST-ZIP	
TITLE	P	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GASSNER, RUDOLF L.	22 NAME	
STREET ADDRESS	1540 BROADWAY	23 STREET ADDRESS	
CITY ST-ZIP	NEW YORK NY	24 CITY ST-ZIP	
TITLE	VSD	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHOENFELD, JOEL	32 NAME	
STREET ADDRESS	1540 BROADWAY	33 STREET ADDRESS	
CITY ST-ZIP	NEW YORK NY	34 CITY ST-ZIP	
TITLE	SVT	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCINTYRE, THOMAS W.	42 NAME	
STREET ADDRESS	1540 BROADWAY	43 STREET ADDRESS	
CITY ST-ZIP	NEW YORK NY	44 CITY ST-ZIP	
TITLE	SV	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ISENSTEIN, JOSEPH	52 NAME	
STREET ADDRESS	1540 BROADWAY	53 STREET ADDRESS	
CITY ST-ZIP	NEW YORK NY	54 CITY ST-ZIP	
TITLE	AS	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHNEIDER, STANLEY H.	62 NAME	
STREET ADDRESS	1540 BROADWAY	63 STREET ADDRESS	
CITY ST-ZIP	NEW YORK NY	64 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 my address.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF BONDED OFFICER OR DIRECTOR

Date

Original Filing #

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