

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

FILED
Jan 28 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
 1997



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

DOCUMENT # P07749 (5)
 1. Corporation Name
CHANEL, INC.



Principal Place of Business: **876 CENTENNIAL AVE PISCATAWAY NJ 08855**
 Mailing Address: **876 CENTENNIAL AVE PISCATAWAY NJ 08854-3937**

3. Date Incorporated or Qualified: **10/15/1985**
 3a. Date of Last Report: **02/06/1996**
 4. FEI Number: **13-0565120**
 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, 22, 23, 24
 2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

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: _____ DATE: _____
(Signature, title or address of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	WERTHEIMER, ALAIN	
STREET ADDRESS	9 WEST 57 STREET	
CITY - ST - ZIP	NEW YORK NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ARIE, KOPELMAN	
STREET ADDRESS	9 WEST 57 STREET	
CITY - ST - ZIP	NEW YORK NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LUTZ, ROBERT	
STREET ADDRESS	9 WEST 57 STREET	
CITY - ST - ZIP	NEW YORK NY	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HEILBRONN, CHARLES	
STREET ADDRESS	9 WEST 57 STREET	
CITY - ST - ZIP	NEW YORK NY	
TITLE	SRV	<input checked="" type="checkbox"/> DELETE
NAME	EIREF, ZVI	
STREET ADDRESS	9 WEST 57 STREET	
CITY - ST - ZIP	NEW YORK NY	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GANNON, DENNIS	
STREET ADDRESS	9 WEST 57 STREET	
CITY - ST - ZIP	NEW YORK NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Murphy, Michael F.	
13 STREET ADDRESS	9 West 57th Street	
14 CITY - ST - ZIP	New York, N.Y. 10019	
21 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Kopelman, Arie	
23 STREET ADDRESS	9 West 57th Street	
24 CITY - ST - ZIP	New York, N.Y. 10019	
31 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Rena, Michael	
33 STREET ADDRESS	9 West 57th Street	
34 CITY - ST - ZIP	New York, N.Y. 10019	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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: _____ Date: **1/15/97** (908) 385-5500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)