	RPORATION TO UAL REPORT		AIDA DEP	A Mr OF E program ar or S te	瓜	FI	LED
SION OF				C RPCRAT DN		99 JUL 1:	3 PH12: 19
DOCUMENT ₱17252 1. Corporation Name				8)		STORMARY OF STATE	
PHILII	P MORRES LATIN AMERI	CA SALE	S CORP.			Problems were	olta FLUNIDA
	MOIT IS					300002 -02/1	29313352 4/9901082005
Principal Place of Business Mailing Address 800 WESTCHESTER AVENUE 800 WESTCHE RYE BROOK NY 10573 RYE BROOK					***1350,00 ***1350 . 00		
					REINSTATEMENT GOOD		
						3. Date Incorporated or Qualified	3a. Date of Last Report
2. Principal Place of Business 2s. Mailing A			ling Address	Address		12/16/1987 4. FEI Number	05/01/1994 Applied For
21	26					58-1760647	Not Applicable
Suite, Apt.	#, etc.	27 Sun	e, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
Orty & Stat	de	City 28	& State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country Zip			Country		8. This corporation has liability for	intangible tax under S. 199.032,
24	9. Name and Address of Curre	29 nt Registered	1 Agent	30		Florida Statutes Yes 10. Name and Address of New F	
	<u></u>			81	Name		
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL. 33324			82	Street Addr	ess (P.O. Box Number is Not Acceptab	ole)	
			83				
				84	City		85 Zip Code
11. Pursuant	to the provisions of Sections 607 050	2 and 607 150	98. Florida Statute	s the above	named corpor	ation submits this statement for the pu	<u> </u>
or register familiar wi	red agent, or both, in the State of Flor ith, and accept the obligations of, Sec	nda Such cha tion 607,0505	nge was authorize , Florida Statutes.	ed by the corp	poration's boar	d of directors. I hereby accept the app	ointrient as registered agent. I am
SIGNATURE	Signature typed or printed name of registered agen	Connu	Bryun, -	Spring A	sit. Ser.		7-13-75
12.	OFFICERS AN			13.	an signature regiones	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
TITLE NAME	ASD			1 1 DILE			Change Addition
STREET ADDRESS	ADAMS, MICHAEL B 800 WESTCHESTER	A 1772		1.2 NAME 1.3 STREE	T ADDRESS		
CITY-ST-ZIP	RYE BROOK NY	AVE.		1.4 CITY-	Į.		
TITLE	P			2 1 TITLE] Change
STREET ADDRESS	SCHREER, PETER	4 7777		2 2 NAME 2 3 STREE	T ADDRESS		
CITY-ST-ZIP	800 WESTCHESTER A	AVE		2 4 CITY -	SI- 21P		
TITLE	VD			3 1 TITLE	}		[] Change [] Addition
NAME STREET ADDRESS	POLLAK, LEE 800 WESTCHESTER	A T/TE		3 2 NAME	T ADDRESS		
	RYE BOOK NY	7 A F2		3.4 CiTY			
CITY-ST-ZIP				4 I TIFLE			
CITY-ST-ZIP TITLE	VSD		•		1		Change Addition
CITY-ST-ZIP	VSD SMITH, OWEN C.		·	42 NAME	1 ADORESS		Change Addition
CITY-ST-ZIP TITLE NAME	VSD SMITH, OWEN C. 800 WESTCHESTER	AVE.	`	42 NAME	1 ADORESS ST. ZIP		Ct ange Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	VSD SMITH, OWEN C.	AVE.		42 NAME 43 STREE 44 CHY- 5 FTITLE			Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	VSD SMITH, OWEN C. 800 WESTCHESTER A RYE BROOK, NY T FITZSIMMONS, SHAI	RON		42 NAME 43 STREE 44 CITY 51 TITLE 52 NAME	SI-ZIP		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	VSD SMITH, OWEN C. 800 WESTCHESTER A RYE BROOK, NY T FITZSIMMONS, SHAI 800 WESTCHESTER	RON		42 NAME 43 STREE 44 CITY 51 TITLE 52 NAME	ST-ZIP		
CITY-ST-ZIP HITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	VSD SMITH, OWEN C. 800 WESTCHESTER A RYE BROOK, NY T FITZSIMMONS, SHAI 800 WESTCHESTER A RYE BROOK NY	RON		42 NAME 43 STREE 44 CHY- 51 TITLE 52 NAME 53 STREE 54 CHY- 61 TITLE	ST-ZIP		
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 14. I do hereb	VSD SMITH, OWEN C. 800 WESTCHESTER A RYE BROOK, NY T FITZSIMMONS, SHAI 800 WESTCHESTER A RYE BROOK NY AT SCALLY, MICHAEL I 800 WESTCHESTER A by certy fra TECON ANY Supplied	RON AVE.	is voluntarily furnis	42 NAME 43 STREE 44 CHY- 51 TITLE 52 NAME 53 STREE 54 CHY- 61 TITLE 62 NAME 63 STREE 64 CHY- Shed and dood	ST ZIP I ADDRESS ST ZIP T ADDRESS ST-ZIP SS NOT quality for	or the exemption stated in Section 119	Change Addition Change Addition
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CITY-ST-ZIP IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 14. I do hereb Certify that	VSD SMITH, OWEN C. 800 WESTCHESTER RYE-BROOK, NY T FITZSIMMONS, SHAI 800 WESTCHESTER RYE-BROOK NY AT SCALLY, MICHAEL I 800 WESTCHESTER OF CENTY HAT BENDERALLY SUpplied the information indicated on this ann I am an officer of director of the corpus I Block 12 or Biglik 13 if changed, or	P. AVE. with this filing us report or so cation or the con an attachm	upolerriootal abou	42 NAME 43 STREE 44 CITY- 51 TITLE 52 NAME 53 STREE 54 CITY- 61 TITLE 62 NAME 63 STREE 64 CITY- shed and doo	I ADDRESS ST ZIP I ADDRESS ST-ZIP S not qualify focuse and accurate this	ie and that my signature shall have the report as required by Chapter 607, Fl	Change Addition Change Addition O7(3)(k), Florida Status of Juffer Same legal effect as if and Man