

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

FILED

**May 08 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P19042 (1)

1. Corporation Name
AMMIRATI PURIS LINTAS INC.

Principal Place of Business 750 THIRD AVENUE 4TH FLOOR (TAX DEPT.) NEW YORK NY 10017	Mailing Address 750 THIRD AVENUE 4TH FLOOR (TAX DEPT.) NEW YORK NY 10017-2703
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

3. Date Incorporated or Qualified 04/28/1988	3a. Date of Last Report 05/01/1996
4. FEI Number 13-2837056	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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**NATIONAL CORPORATE RESEARCH, LTD. INC.
1408 HAYS STREET
SUITE 2
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
85 Zip Code

FL

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

TITLE	VD	<input type="checkbox"/> DELETE
NAME	LUBRANO, VINCENT	
STREET ADDRESS	ONE DAG HAMMARSKJOLD PLAZA	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	EGAN, LEO A	
STREET ADDRESS	1271 AVENUE OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK NY 10020	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	GARDNER, STEVEN	
STREET ADDRESS	ONE DAG HAMMARSKJOLD PLAZA	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE	T	<input type="checkbox"/> DELETE
NAME	FORSTER, ALAN M	
STREET ADDRESS	1271 AVENUE OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK NY 10020	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MASON, ARTHUR M	
STREET ADDRESS	1271 AVENUE OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK NY 10020	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	PURIS, MARTIN	
STREET ADDRESS	ONE DAG HAMMARSKJOLD PLAZA	
CITY-ST-ZIP	NEW YORK NY 10017	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LEVIN, FRANK S.
2.3 STREET ADDRESS	1271 AVENUE OF THE AMERICAS
2.4 CITY-ST-ZIP	NEW YORK, NY 10020
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *Arthur Mason* **ARTHUR MASON** **4/29/97** **(212) 399-8103**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR VICE PRESIDENT - TAXES Daytime Florida #

CP2E034 (9/96)