

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

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90045 020 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P19042

1. Corporation Name
AMMIRATI PURIS LINTAS INC.



DO NOT WRITE IN THIS SPACE

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
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3. Date Incorporated or Qualified 04/28/1988	
4. FEI Number 13-2837056	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 One Dag Hammarskjold Plaza	2a. Mailing Address 26 One Dag Hammarskjold Plaza
Suite, Apt. #, etc. 22 7th Floor Tax Department	Suite, Apt. #, etc. 27 7th Floor Tax Department
City & State 23 New York, NY	City & State 28 New York, NY
Zip 24 10017	Country 25 U.S.
Country 29 U.S.	Zip 30 10017

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS 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	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 type="checkbox"/> DELETE
NAME	LEVIN, FRANK S	
STREET ADDRESS	1271 AVENUE OF AMERICANS	
CITY-ST-ZIP	NEW YORK NY	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 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, with all other like empowered.

SIGNATURE: Arthur M. Mason **ARTHUR MASON** 11/15/99 (212) 399-8103
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
VICE PRESIDENT - TAXES

CR2E034 (11/98)