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

PROFIT CORPORATION ANNUAL REPORT

1998

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 19 1998 8:00am Secretary of State

1. Corporatio			CORPORATED	(3)					
Principal Place of Business Mailing Address						· · · · · · · · · · · · · · · · · · ·	- I NEGINALI ILO MADOL INVO TIDOLI ILDVI TERI DIRVI DIRVI	ANAH DIAN DIA	T CINITALIA
40 EXCHANGE PLACE 40 EXCHANGE PLACE									
NEW YORK NY 10005 NEW YORK NY 10005							DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualified	PAUE	
							03/01/1989		
2. Principal P	lace of Busin	noss	26. M	26. Mailing Address			4. FEI Number	T An	plied For
21			 1	26			13-3362908	→	t Applicable
Suite, Apt	#, etc.			Suite, Apt. #, etc.				\$8.75	
22			27				5. Certificate of Status Desired	Fee Re	quired
City & State				City & State			6. Election Campaign Financing	\$5.00	May Be
23	· · · · · · · · · · · · · · · · · · ·		28				Trust Fund Contribution Added to Fees		
Zip	Country		<u> </u>	Zφ		ry	8. This corporation owes or has paid the curr		
24	25 9. Name and Address of Current			29 30 30 September 4 Appen			Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent		
704			ORATION SYSTE	-		1 Name	10. Name and Address of New Negistered P	yen.	
			UNATION STOLE	M, INC.	_		·	·	
1201 HAYS STREET SUITE 105						2 Street Add	ress (P.O. Box Number is Not Acceptable)		
TALLAHASSEE FL 32301						9		·····	
							· · · · · · · · · · · · · · · · · · ·		
						4 City	FL	85 Zip (Code
11. Pursuant	to the provis	ions of Sections	007.0502 and 607.	1508, Florida Statu	tes, the abo	ve-named cor	poration submits this statement for the purpose of	changing It	s registered
office or r	egistored ag m familiar w	jent, or both, in th ith, and accept th	no State of Florida. Ne obligations of, Se	Such change was ection 607.0505, F	authorized t Iorida Statuti	by the corpora es.	poration submits this statement for the purpose of ation's board of directors. I hereby accept the appoint	ointment as	registered
SIGNATURE				r					1
	Signature, typud		sternd agent and title if ap			gent signature requ	ired when reinstating) DATE		
12.		OFFICE	RS AND DIRECTO		13.		ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	PD	00 00011400		DELETE	1.1 TITLE	-		Change	Addition
NAME		CE, RICHARD			1.2 NAME				
	STREET ADDRESS 40 EXCHANGE PLACE OUTY-ST-ZIP NEW YORK NY \OOG			1.3 STREET ADDR					
CITY-ST-ZIP TITLE	VD	ONK 141	100005	DELETE	1.4 CITY-			Change	Addition
NAME		CE, EDWARD			2.2 NAME	1			
STREET ADDRESS		HANGE PLACE				T ADDRESS			i
CITY-ST-ZIP	LAPSEL MODEL AND Land				2. 4 CITY				1
TITLE	STD			DELETE	3.1 TITLE			Change	Addition
NAME	BERTI, RONALD EDMUND				3.2 NAME				
STREET ADDRESS	DDRESS 40 EXCHANGE PLACE				3.3 STAE	T ADDRESS			•
CITY-ST-ZIP		ORK NY	10005		3.4. CITY	-ST-ZIP			
TITLE	VD			DELETE	4 1 TITLE			Change	Addition
NAME		z, julian			4. 2 NAM	E			ļ
STREET ADDRESS		HANGE PL			4.3 STREE	T ADDRESS			
CITY-SI-ZIP	NEW Y	ork ny	10005		4.4 CITY-				
TITLE				DELETE	5.1 TITLE	ì		Change	Addition
RAME					5.2 NAME	1			,
STREET ADDRESS						T ADORESS			
CITY-ST-ZIP				DELETE	5.4 CITY-			Change	Addition
TITLE				☐ brrite	6.1 TITLE	ì	'	∪range	☐ Addition
NAME expect approves					6.2 NAME				-
STREET ADDRESS						T ADDRESS			
CITY-ST-ZIP	L				6.4 CITY-	SI-ZIP			

I nereby 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 suppliemental 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 allachment with an address