

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Sep 04 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 # P23330

(4)

1. Corporation Name

MERCHANT FACTORS, CORP.

Principal Place of Business

1430 BROADWAY
NEW YORK NY 10018
US

Mailing Address

1430 BROADWAY
NEW YORK NY 10018
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/08/1989

3a. Date of Last Report

04/24/1996

4. FEI Number

13-3125489

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

25

Suite, Apt. #, etc.

26

City & State

27

Zip

Country

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

ULLMAN, MICHAEL W., ESO.
115 NW 167TH ST.
CAPITAL BANK BLDG., PENTHOUSE SUITE
NO. MIAMI BEACH FL 33169

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

PD
KAYE, WALTER
1450 BROADWAY
NEW YORK NY

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

V
LEVINE, HOWARD
1450 BROADWAY
NEW YORK NY

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

STD
ROSENOW, STANLEY
1450 BROADWAY
NEW YORK NY

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

D
GORDON, MANUEL
1450 BROADWAY
NEW YORK NY

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

D
WOLLMAN, EDWARD
1450 BROADWAY
NEW YORK NY

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP ☒ Change ☐ Addition

1430 Broadway
New York, NY 10018

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP ☒ Change ☐ Addition

1430 Broadway
New York, NY 10018

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP ☒ Change ☐ Addition

1430 Broadway
New York, NY 10018

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP ☒ Change ☐ Addition

1430 Broadway
New York, NY 10018

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP ☒ Change ☐ Addition

1430 Broadway
New York, NY 10018

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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: HOWARD LEVINE S.V.P. QUINTELL

8/27/97

(212) 840-7575

CR2E034 (4/97)