FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P27576** **(8)**

1. Corporation Name
EXARP CORPORATION

Principal Place of Business	Mailing Address
%CITIBANK N.A 909 THIRD AVE. 30TH FL. NEW YORK NY 10043 US	%CITIBANK N.A 909 THIRD AVE. 30TH FL NEW YORK NY 10043 US

2. Principal Place of Business
21
Suite, Apt #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 01/04/1990
3a. Date of Last Report: 04/20/1995
4. FEI Number: 52-1335713 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. **Name and Address of Current Registered Agent**

C T CORPORATION SYSTEM
8751 WEST BROWARD BLVD.
PLANTATION FL 33324

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 ____________ DATE ________

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	DEUTSCH, JOHN	
STREET ADDRESS	909 THIRD AVE.	
CITY-ST-ZIP	NEW YORK NY 10073	
TITLE	V	☐ DELETE
NAME	MCCABE, DOROTHY	
STREET ADDRESS	909 THIRD AVE.	
CITY-ST-ZIP	NEW YORK NY 10073	
TITLE	V	☐ DELETE
NAME	GAMBA, RICHARD J.	
STREET ADDRESS	909 THIRD AVE.	
CITY-ST-ZIP	NEW YORK NY 10073	
TITLE	V	☐ DELETE
NAME	FERGUSON, ROSE	
STREET ADDRESS	THOMPSON BLVD-OAKS FIELD	
CITY-ST-ZIP	NASSAU, BAHAMAS	
TITLE	T	☐ DELETE
NAME	DEL MEDICO, JOSEPH	
STREET ADDRESS	909 THIRD AVE.	
CITY-ST-ZIP	NEW YORK NY 10073	
TITLE	AT	☐ DELETE
NAME	KATZOFF, ARTHUR	
STREET ADDRESS	909 THIRD AVE.	
CITY-ST-ZIP	NEW YORK NY 10073	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 KATZOFF Arthur Katzoff 4/25/96 212-559-1961
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)