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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P31535

(8)

PB ACQUISTION CORP.

Principal Place of Business

FILED Jan 27 1998 8:00am Secretary of State

Mailing Address	i inglenge sam stigt linns Riton risns filt Brott ninit utdit ninit ninit ninit ninit	
280 Park avenue East Bldg., 20th Floor		

280 PARK AVENUE 280 PARK AVENUE EAST BLDG., 20TH FLOOR EAST BLDG., 20TH FLOOR NEW YORK NY 10017 US US		OR		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
		00			10/26/1990	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number Applied For	
21		26	•		75-2349514 Not Applicable	
Suite, Apt.	#. elc.	Suite, Apt. #, etc.			60 75	
22	.,	27			5. Certificate of Status Desired Fee Required	
City & State	9	City & State			6. Election Campaign Financing \$5.00 May Be	
23		28		_	Trust Fund Contribution	
Zip	Country	Zlp	Countr	У	8. This corporation owes or has paid the current year Intangible	
24	25	29	30		Personal Property Tax due June 30. Yes No	
	9. Name and Address of Curren	Registered Agent			10. Name and Address of New Registered Agent	
CT	CORPORATION SYSTEM		81	Name	ne	
	00 SOUTH PINE ISLAND RD		82	82 Street Address (P.O. Box Number is Not Acceptable)		
PU	antation FL 33324		83	-		
 			84	City	FL 85 Zip Code	
11. Pursuant l office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State on tamiliar with, and accept the obliga	2 and 607.1508, Florida Statut of Florida. Such change was a tions of Section 607.0505. File	es, the above authorized borida Statute	e-name y the co	ed corporation submits this statement for the purpose of changing its registered corporation's board of directors. I hereby accept the appointment as registered	
SIGNATURE	The second second				V-	
	Signature, typed or printed name of registered ager			ent signatu	iture required when reinstating) DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE		Change	
NAME	FRIEDMAN, WILLIAM S		12 NAME			
STREET ADDRESS	280 PARK AVENUE, EAST BL	DG., 20TH FLOOR	1.3 STREE	T ADDRESS	is	
CITY-ST-ZIP	NEW YORK NY		1.4 CITY -	ST-ZIP		
TITLE	T	DELETE	2.1 TITLE		V T Change Addition	
NAME	ROTH, IVAN	•	2.2 NAME		MINOR, TODD C.	
		2.3 STREE	T ADDRESS	IS 3100 MONTECELLO, SUITE 200		
CITY-ST-ZIP	NEW YORK NY		2, 4 CITY	CT. 7IP	MINIOR, TODD C. SI 3100 MONTICELLO, SUITE 200 DALLAS, TEXAS 75205	
TITLE	VS	DELETE	3.1 TITLE	O, LI.	Change Addition	
NAME	HARTMAN, LAWRENCE S		3.2 NAME			
STREET ADDRESS	280 PARK AVE, EAST BLDG,	20TH FLOOR		T ADDRESS	20	
CITY - ST - ZIP	NEW YORK NY	EUTH LEGON	3.4, CITY-		~	
TITLE	TIET TOTAL IT	DELETE	4.1 TITLE	SI-ZIP	Change Addition	
NAME		- Parent	4, 2 NAME			
STREET ADDRESS				r address		
1 1					1.0	
CITY-ST-ZIP TITLE		DELETE	4,4 CITY- 5,1 TITLE	31-215	Change Addition	
[5.2 NAME		Li Shango Li Fischion	
NAME						
STREET ADDRESS				r address	8	
CITY-ST-ZIP		——————————————————————————————————————	5.4 CITY -	ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition	
NAME			6.2 NAME		}	
STREET ADORESS			6.3 STREE	T ADDRESS	se	

14. I hereby certify that the information supplied with this filling 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 of 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 affachment with an address.

SIGNATURE:

MADER BLOWNED 1/8

(212)949-5000

034 (10/97)