

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

FILED

Apr 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P32266** (9)

1. Corporation Name
ROYAL DANTE CORP.



Principal Place of Business %WEISSBARTH ALTMAN & MICHAELSON 156 WEST 56TH STREET NEW YORK NY 10019	Mailing Address %WEISSBARTH ALTMAN & MICHAELSON 156 WEST 56TH STREET NEW YORK NY 10019-3800
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3. Date Incorporated or Qualified 12/24/1990	3a. Date of Last Report 04/30/1996
4. FEI Number 13-3353979	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip Country	29. Zip Country

9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYES 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 FL 85. Zip Code
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAELSON, ROBERT T.	1.2 NAME	
STREET ADDRESS	156 WEST 56TH STREET	1.3 STREET ADDRESS	
CITY- ST- ZIP	NEW YORK NY	1.4 CITY- ST- ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, EDWIN H.	2.2 NAME	
STREET ADDRESS	250 PARK AVE.	2.3 STREET ADDRESS	
CITY- ST- ZIP	NEW YORK NY	2.4 CITY- ST- ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GANG, MARTIN	3.2 NAME	
STREET ADDRESS	156 WEST 56TH STREET	3.3 STREET ADDRESS	
CITY- ST- ZIP	NEW YORK NY	3.4 CITY- ST- ZIP	
TITLE	AS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSS, CORA D	4.2 NAME	
STREET ADDRESS	250 PARK AVE	4.3 STREET ADDRESS	
CITY- ST- ZIP	NEW YORK NY	4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

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:  **REQUIRED** 4/2/97 212-265-7500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
0004163

CR2E034 (9/96)