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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P38413

(1)

ABI PROPERTY DALETH CORP.

FILED
May 15 1997 8:00am
Secretary of State



| Principal Place 420 LEXINGTO #2702 NEW YORK N US 2. Principal Pl 21 Surte, Apt. 22 City & State 23 | ON AVE AY 10170 lace of Business #, etc | Mailing Address 420 LEXINGTON AVE #2702 NEW YORK NY 10170-270 US 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 | 2 | | 3. Date Incorporated or Qualified 04/20/1992 4. FEI Number 13-3666324 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution | 3a. Date of Last Rep 06/25/1996 Appl | ied For Applicable ditional ulred ay Be |
|---|--|---|------------------------------|---------------------|---|--|---|
| 7 _(p) | Country | Zip | Country | y | B. This corporation has liability for i | | |
| 24 | 25 | 29 | 30 | | Florida Statutes Yes No | | |
| 71.0 | 9. Name and Address of Curren | t Registered Agent | | I No | 10. Name and Address of New Re | gistered Agent | |
| THE PRENTICE-HALL CORPORATION SYSTEM, INC. 110 NORTH MAGNOLIA STREET TALLAHASSEE FL 32301 | | | 81 82 83 | Street Add | dress (P.O. Box Number is Not Acceptab | le) | |
| | | | | | · · · · · · · · · · · · · · · · · · · | | <u></u> |
| | | | 84 | | | FL 85 Zip Co | |
| agent. Lai | egistered agent, or both, in the State in familiar with, and accept the obligation. Stippatore, typed or protection name of registered age. OFFICERS AND | of Florida Such change was autions of, Section 607.0505, Flor at and title of applicable (NOTE: | ithorized b ida Statute | y the corpora s. | rporation submits this statement for the p ation's board of directors. I hereby accep ulred when reinstating) ADDITIONS/CHANGES TO OFFIC | t the appointment as re | gistered |
| TITLE | PD DELETE | | 1.1 TITLE | | | | Addition |
| NAME | GOLDMAN, LLOYD 2 LAMPLIGHT ROAD | | 1.2 NAME | | | | |
| STREET ADDRESS | WESTPORT CT | | | ADDRESS | | | |
| CITY ST-ZIF | VD | DELETE | 1.4 CITY - LETE 2.1 TITLE | | | [] Observe | Applica |
| NAME | SONNENFELDT, MICHAEL | LI PILLIL | 2.1 THEE | | | ☐ Change [| Addition |
| STREET ADORESS | 145 CENTRAL PARK WEST | | 2.3 STREET | ADORESS | | | |
| C(1Y+ST-2)F | NEW YORK NY 10023 | | 2. 4 CITY- | l l | | | |
| TITLE | 5 | ☐ DELETE | 3.1 TITLE | | | Change | Addition |
| NAMÉ | BEZAHLER, DON 805 THIRD AVENUE | | 3.2 NAME | | | | |
| STREET ADORESS | NEW YORK NY | | 3.3 STREET | | | | |
| CITY-ST-ZIP | | | 3.4. CITY - 4.1 TITLE | ST-ZIP | | ☐ Change | Addition |
| NAME | | | 4.1 HILE 4.2 NAME | Ì | | LL Change L | Mauliton |
| STREET ACORESS | | | 4.3 STREET | | | | |
| CPTY+ST-ZIP | | | 4.4 CITY - S | | | | |
| THTLE | | | 5.1 TITLE | | | Change | Addition |
| NAME | | | 5.2 NAME | | | | |
| STREET ADDRESS | | | 5.3 STREET | | | | |
| CHY-ST-ZIP | | DELETE | 5.4 CITY - 5 | ST-ZIP | | [] [] [] [] [] | Addition |
| THEE NAME | | C DEFEIE | 6.1 TITLE | | | Change [| Addition |
| STREET ADDRESS | | | 6.2 NAME 6.3 STREET | ADDRESS | | | |
| CHY-S1-ZIP | | | 6.4 CITY-S | | | | |

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

ISONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR OF O

97 212 2938900