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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

\$andra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P39185 Corporation Na NFH, INC

(4)

FILED Jan 29 1997 8:00am Secretary of State

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Principal Place of Business Mailing Address 27 WILLIAM ST. NEW YORK NY 10005 NEW YORK NY 10005-2806						4 19041881 (88 14118 1918) #1801 (818) 811) ala ni an ini al a li	GIBIL AIAII	Albu iabt	
	11000	VIII.								
						3. Date Incorporated or Qualified 06/08/1992	3a. Date 0	1996	port	
2. Principal P	lace of Business	2a. Mailing	Address		,	4. FEI Number 13-3493792	<u> </u>	Ap	plied For	
21		26				13-3493792			t Applicable	
Suite, Apt 22		27	kpt. #, etc.			5. Certificate of Status Desired	- لبيا	Fee Re		
City & State		F¬ '	City & State		6. Election Campaign Financing \$5.00 May Be					
Z ip			Zip Country		Trust Fund Contribution Added to Fees					
24	25	29	├── ┐			8. This corporation has liability for intangible tax under s. 199 Florida Statutes Yes No			199.032,	
	9. Name and Address of Curr			<u> </u>		10. Name and Address of New Re				
	rks, stanley			81	Name					
2875 NE 191ST ST. NORTH MIAMI BEACH FL 33180			82	Street Add	ress (P.O. Box Number is Not Acceptable)					
NUI	KITI MIAMI DEAUN FL 33 100			83						
				84	City		8	5 Zip C	Code	
								1		
office or r	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the o b	ate of Florida. Such	change was au	thorized b	y the corpora	rporation submits this statement for the patients board of directors. I hereby acceptions	ourpose of cha of the appoint	inging its ment as	s registered registered	
SIGNATURE.			4405			ured when reinstating)	DATE			
12.	Signature, typical or printed name of registered. OFFICERS A	AND DIRECTORS	e (NOTE.)	13.	ent s:g∩ature requ	ADDITIONS/CHANGES TO OFFIC		RECTOR	S IN 12	
Tillé	PV	TO DITEOTORIO	DELETE	1.1 TITLE		10011010301111020100111		Change	Addition	
NAME	HAYES, NEIL F. JR.			1.2 NAME						
STREET APDRESS	27 WILLIAM ST.			1.3 STREET	ADDRESS					
City-St ZiP	NEW YORK NY			1.4 CITY-5	IT-ZIP				<u> </u>	
TITLE	TD		DELETE	2 1 TITLE				Change	Addition	
NAMÉ	HAYES, NEIL F. JR.			22 NAME						
STREET ADDRESS	27 WILLIAM ST.			2.3 STAEET	ADDRESS					
CITY - S1 - ZIP	NEW YORK NY			2. 4 CITY-	ST-ZIP					
Tille	CRISCITELLO, MARK		DELETE	3 1 TITLE				Change	Addition	
NAME	27 WILLIAM STREET			3.2 NAME						
STREET ADDRESS	NEW YORK NY			3.3 STREE						
CITY-ST-ZIP			T DOLLAR	3.4. CITY-	ST-ZIP			Ohanaa	14401	
TITLE			DELETE	4.1 TITLE	İ		لسا	Change	Addition	
NAME				4. 2 NAME	}					
STREET ADDRESS					ADDRESS				1	
CHY-S1-ZIP TITLE			DELETE	4.4 CITY - : 5.1 TITLE	ST-ZIP		П	Change	Addition	
NAME			- Decet	5.2 NAME				- in An		
STREET ADDRESS				1	T ADDRESS					
				5.4 CITY-						
CITY - ST - ZIP TITLE			DELETE	6.1 TITLE	AT AIR			Change	Addition	
NAME				6.2 NAME	1			·		
STREET ADDRESS				1	ADDRESS					
CITY - ST - 7IP				6.4 CITY-1						

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 12 or Block 12 or on an attachment with an address.

SIGNATURE:

212-804-02/2

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