

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P39870 (1)

1. Corporation Name

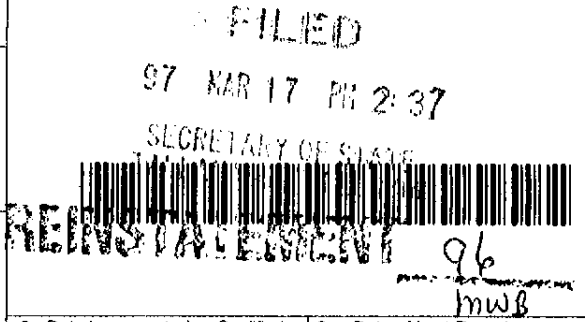
1061 RIVERSIDE AVENUE CORPORATION

Principal Place of Business

C/O SWISS BANK  
P.O. BOX 395  
NEW YORK NY 10008

Mailing Address

C/O SWISS BANK  
P.O. BOX 395  
NEW YORK NY 10008



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

08/11/1992

3a. Date of Last Report

04/20/1995

4. FEI Number

13-3678773

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

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

PETER F. SOUZA  
ASSISTANT SECRETARY

3/12/97

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME COHEN, MARK  
STREET ADDRESS P.O. BOX 395, CHURCH STREET STATION  
CITY-ST-ZIP NEW YORK NY 10008

TITLE VD ☐ DELETE

NAME MATTON, PETER V  
STREET ADDRESS P.O. BOX 395 CHURCH STREET STATION  
CITY-ST-ZIP NEW YORK NY 10008

TITLE ST ☐ DELETE

NAME FREILICH, PAUL A  
STREET ADDRESS P.O. BOX 395 CHURCH STREET STATION  
CITY-ST-ZIP NEW YORK NY 10008

TITLE D ☐ DELETE

NAME DALY, MICHAEL J  
STREET ADDRESS P.O. BOX 395 CHURCH STREET STATION  
CITY-ST-ZIP NEW YORK NY 10008

TITLE D ☐ DELETE

NAME TOOTHAKER, THOMAS R  
STREET ADDRESS P.O. BOX 395 CHURCH STREET STATION  
CITY-ST-ZIP NEW YORK NY 10008

TITLE V ☐ DELETE

NAME FRIEDRICH, HENRY  
STREET ADDRESS P.O. BOX 395 CHURCH STREET STATION  
CITY-ST-ZIP NEW YORK NY 10008

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

500002118495-2  
-03/20/97--01005--001  
\*\*\*375.00 \*\*\*375.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)