E NOW: FILING FEE AFTER MAY. 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 PM 6:58

DOCUMENT # **P93000029282 (9)**

1. Corporation Name
MISC PARCELS, INC.

Principal Place of Business	Mailing Address
599 LEXINGTON AVE. 26TH FLOOR NEW YORK NY 10043 US	C/O UNITED CORPORATE SERVICES, INC. 801 NORTHEAST 167TH STREET, SUITE 300 NORTH MIAMI BEACH FL 33162

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/21/1993
3a. Date of Last Report: 06/13/1994

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

4. FEI Number: 13-3723010 ☐ 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

UNITED CORPORATE SERVICES, INC.
801 NORTHEAST 167TH STREET
SUITE 300
NORTH MIAMI BEACH FL 33162

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☒ Addition VPS
NAME	CULLEN, THOMAS A.	1.2 NAME	Walsh, Kathleen A
STREET ADDRESS	599 LEXINGTON AVE., 26TH FLOOR	1.3 STREET ADDRESS	599 Lexington Avene
CITY-ST-ZIP	NEW YORK NY	1.4 CITY-ST-ZIP	New York, New York
TITLE	DVS	2.1 TITLE	☐ Change ☐ Addition
NAME	MURANELLI, JOHN R.	2.2 NAME	
STREET ADDRESS	599 LEXINGTON AVE., 26TH FLOOR	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK FL	2.4 CITY-ST-ZIP	
TITLE	DVS	3.1 TITLE	☐ Change ☐ Addition
NAME	ALDUINO, JOSEPH M.	3.2 NAME	
STREET ADDRESS	599 LEXINGTON AVE., 26TH FLOOR	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	3.4 CITY-ST-ZIP	
TITLE	VS	4.1 TITLE	☐ Change ☐ Addition
NAME	PAN, MARGARET	4.2 NAME	
STREET ADDRESS	599 LEXINGTON AVE., 26TH FLOOR	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	4.4 CITY-ST-ZIP	
TITLE	VS	5.1 TITLE	☐ Change ☐ Addition
NAME	SHELLY, LAURIE	5.2 NAME	
STREET ADDRESS	599 LEXINGTON AVE., 26TH FLOOR	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	5.4 CITY-ST-ZIP	
TITLE	VS	6.1 TITLE	☐ Change ☐ Addition
NAME	PAKRAVAN, PERRY	6.2 NAME	
STREET ADDRESS	599 LEXINGTON AVE., 26TH FLOOR	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	6.4 CITY-ST-ZIP	

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)(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: _____ 3/1/95 212-558-1862
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #