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PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED

97 JAN 30 PM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P93000051943 (7)

1. Corporation Name
711 WASHINGTON AVENUE CORPORATION

Principal Place of Business
**% ARNAUD BRUNEL
1501 - 3RD AVENUE, 4TH FLOOR
NEW YORK NY 10028**

Mailing Address
**% ARNAUD BRUNEL
1501 - 3RD AVENUE, 4TH FLOOR
NEW YORK NY 10028-2101**

3. Date Incorporated or Qualified **07/26/1993** 3a. Date of Last Report **07/26/1996**

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 25. Zip Country 29. Zip Country 30. Zip Country

4. FEI Number **13-3726557** 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
**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)
300002074108--0

83. **01/30/97--01085--018**
******165.00 ****165.00**

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 of principal officer, director, or registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **D BRUNEL, ARNAUD**

STREET ADDRESS **% 1501 - 3RD AVENUE, 4TH FLOOR**

CITY - ST - ZIP **NEW YORK NY 10028**

TITLE DELETE

NAME **D ROYS, ETIENNE D**

STREET ADDRESS **% 1501 - 3RD AVENUE, 4TH FLOOR**

CITY - ST - ZIP **NEW YORK NY 10028**

TITLE DELETE

NAME **D BRUNEL, JEAN L**

STREET ADDRESS **% 1501 - 3RD AVENUE, 4TH FLOOR**

CITY - ST - ZIP **NEW YORK NY 10028**

TITLE DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

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 **BRUNEL, ARNAUD**

2.3 STREET ADDRESS **%1501 3rd Avenue**

2.4 CITY - ST - ZIP **New York - NY, 10028**

3.1 TITLE Change Addition

3.2 NAME **BRUNEL, ARNAUD**

3.3 STREET ADDRESS **%1501 3rd Avenue 4th floor**

3.4 CITY - ST - ZIP **New York, NY, 10028**

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS **MWB**

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

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: **Arnaud Brunel** 1/17/97 212 226 4100
DATE Daytime Phone #

CR2E034 (9/96)