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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000051943 (7)

711 WASHINGTON AVENUE CORPORATION

Principal Place of Business Mailing Address 524 BROADWAY 524 BROADWAY SUITE 404 SUITE 404 NEW YORK NY 10012 DO NOT WRITE IN THIS SPACE NEW YORK NY 10012 3. Date Incorporated or Qualified 07/26/1993 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 21 13-3726557 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 6. Certificate of Status Desired Fee Required 22 27 City & State City & State 8. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zıp Country Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. Yes 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY 1201 HAYS STREET Street Address (P.O. Box Number is Not Acceptable) 82 TALLAHASSEE FL 32301-2525 83 84 City 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 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE thi pistered Agent signature required when reinstating) CR2E034 (10/97 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE 1 1 TITLE Change Addition TITLE NAME BRUNEL, ARNAUD 1.2 NAME % 1501 - 3RD AVENUE, 4TH FLOOR 1.3 STREET ADDRESS STREET ADDRESS NEW YORK NY 10028 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE ■ Addition 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change 5 1 TITLE Addition TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE. Change TITLE 6 1 TITLE NAME 62 NAME STREET ADDRESS 63 STREET ADDRESS CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida States. I further certify that the information

CIGNATURE:

indicated on this annual report or suppliemental armud freport is frue and accurate and that my signature shall have the same legal glect as if made under onthe indicated on this annual report or suppliemental armud freport is frue and accurate and that my signature shall have the same legal glect as if made under orath; that I am an officer or director of the corporation or the receiver or frusted 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

FILED

Feb 10 1998 8:00am

Secretary of State