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

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

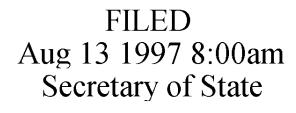
P94000039244 (6) DOCUMENT

CSI NEW YORK, INC.

Principal P	lace o	f Business
515 E LAS	OLAS	BLVD

Mailing Address

515 E LAS OLAS BLVD





	1600 UDERDALE FL 33301				UITE 160 T LAUDE	0 RDALE FL 33	301-2268										
71 3100512/12/75 44401					Groperigrices (a veget above						05/25/1994 08/07					e of Last Report 17/1996	
	ncipal Place of Bus		2a	. Mailin	g Address				4.	FEI Nui					pplied For		
21			26							65-0	505628		<u> </u>	1	lot Applicable		
22	Ite, Apt. #, etc.		27	Suite, Apt. #, etc.				5.	5. Certificate of Status Desired \$8.75 Additiona Fee Regulred								
23 Cii	y & State	<u> </u>				City & State				6.	6. Election Campaign Financing \$5.00 Ms Trust Fund Contribution Added to F						
Zij	·	Country Zip Country							,	8. This corporation has liability for intangible tax under s. 199.032.							
24		25	~	29			[30]					Statutes		Yes [
			Address of Curre	nt Regi	stered A	gent		-L			Name	and Address of	New Reg	gistered	Agent		
	BEILLY, BRAD							81	Name	1							
	790 E BROWA	RD I	3LVD					82	Street	Address (i	P.O. Box	Number is Not A	cceptab	le)			
	SUITE 200																
	FT LAUDERDA	LE F	L 33301					83									
								84	City					E1	85 Ziç	Code	
11. P	ursuant to the provis	ions	of Sections 607 05	02 and f	N7 1508	Elorida Stat	utes the	above	- namor	Corporation	n cubmit	to this statement	for the m	FL.	nhonoina	its registered	
0	ffice or registered ag gent. I am familiar w	าดกเ	or both in the Stat	e of Flor	da Suel	h change wa	s authoriz	ed bu	/ the cor	poration's	board of	directors. I hereb	y accep	t the app	ointment a	s registered	
SIGN	ATURE Signature types	lar rvir	iled name of registered ag	soci and till	J applicat	Na (N	O15: Popieto	- A A A A	nt rinnel u	e required whe	o solootatia o	,		DATE			
12.	O.g. allow, types	, o p	OFFICERS AN			. (14)	13.		ин ыринго			NS/CHANGES TO	OFFICI		DIBECTO	RS IN 12	
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NAME	REITER,	WILL	M MAL				1.2	NAME									
STREET	ADDRESS 515 E L	AS C	LAS BLVD SUITI	E 1600			1.3	STREET	ADDRESS								
CITY-ST	-ZIP FT LAUE	ERD	ALE FL 33301					CITY - S								J	
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NAME	KAHN, V					•	3.2	NAME									
STREET			LAS BLVD				3.3	STREET	ADDRESS								
CITY-ST	-zip FT LAUC	ERD	ALE FL 33301				3,4.	CITY-S	T-ZIP								
TITLE						DELETE	4.1	TITLE							☐ Change	Addition	
NAME							4. 2	NAME									
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NAME								IAME			11	00002	26	789	31		
STREET A	!								address		<u>-</u>	08/15/97-	-0100)40l	<u> </u>		
CITY-ST	-21P						6.4 (OTY-\$1	I - ZIP]		WC12C_2E	~ ~				

I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07.3(t), 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.