FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P95000009176 (5)

1. Corporation Name

FIRST MOROCCO CORPORATION OF FLORIDA

Principal Place of Business	Mailing Address
% SULLIVAN & VILLIOS 599 LEXINGTON AVE. NEW YORK NY 10022	% SULLIVAN & VILLIOS 599 LEXINGTON AVE. NEW YORK NY 10022

3. Date Incorporated or Qualified: 02/03/1995
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 First Morocco Corp	26 First Morocco Corp
Suite, Apt. #, etc.: 22 509 Engle ST	Suite, Apt. #, etc.: 27 509 Engle ST.
City & State: 23 Englewood, NJ	City & State: 28 Englewood, NJ
Zip: 24 07631 — Country: 25	Zip: 29 07631 — Country: 30

4. FEI Number: 13-3808008 ☐ 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 INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

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 ______

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	VERLIN, MURRAY	
STREET ADDRESS	11111 BISCAYNE BLVD.	
CITY-ST-ZIP	MIAMI FL 33161	
TITLE	D	☒ DELETE
NAME	VERLIN, STEVEN	
STREET ADDRESS	165 SCOTT DRIVE	
CITY-ST-ZIP	WATCHUNG NJ 07060	
TITLE	D	☒ DELETE
NAME	SCHEINNER, SAMUEL (SONNY)	
STREET ADDRESS	16 SHERWOOD LANE	
CITY-ST-ZIP	CEDARHURST NY 11516	
TITLE	D	☒ DELETE
NAME	PERRY, MICHAEL	
STREET ADDRESS	41 NUTMEG RIDGE	
CITY-ST-ZIP	RIDGEFIELD CT 06877	
TITLE	D	☒ DELETE
NAME	JAIDI, SALIM	
STREET ADDRESS	16 ORIOLE AVENUE	
CITY-ST-ZIP	BRONXVILLE NY 10708	
TITLE	D	☒ DELETE
NAME	MESZNIK, JOEL	
STREET ADDRESS	180 EAST END AVENUE	
CITY-ST-ZIP	NEW YORK NY 10128	

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		

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] Murray Verlin — 4/3/96 — (701) 568-5060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)