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Mar 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000017654 (1)

1. Corporation Name
BOCA MGP CORP.



Principal Place of Business

%WEISSBARTH ALTMAN MICHAELSON(R MICHAELSON
156 W. 56TH ST., 12TH FLOOR
NEW YORK NY 10019

Mailing Address

%WEISSBARTH ALTMAN MICHAELSON(R MICHAELSON
156 W. 56TH ST., 12TH FLOOR
NEW YORK NY 10019-3800

3. Date Incorporated or Qualified
03/03/1995

3a. Date of Last Report
04/24/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

4. FEI Number
13-3840197

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

AXELROD, ALAN D
2500 FIRST UNION FINANCIAL CENTER
MIAMI FL 33131

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

Signature typed or printed name of registered agent and the filer (applicable)

Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME ALTMAN, RONALD
STREET ADDRESS C/O WAM, 156 W 56 ST., 12 FL
CITY- ST- ZIP NEW YORK NY
DELETE

TITLE DPT
NAME MICHAELSON, ROBERT T
STREET ADDRESS C/O WAM, 156 W 56TH ST., 12 FL
CITY- ST- ZIP NEW YORK NY
DELETE

TITLE VS
NAME GANG, MARTIN
STREET ADDRESS C/O WAM, 156 W 56 ST., 12 FL
CITY- ST- ZIP NEW YORK NY
DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP
Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP
Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP
Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP
Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP
Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP
Change Addition

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: *Martin L. Gang* MARTIN L. GANG

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/97 212-265-7500

Date

Daytime Phone #

CR2E034 (9/96)