FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -8 PM 2:53

DOCUMENT # V17693 (5)

1. Corporate Name
TRA LA LA, INC.

Principal Place of Business	Mailing Address
150 W. 56 STREET NEW YORK NY 10019	150 W. 56 STREET NEW YORK NY 10019

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/02/1992
3a. Date of Last Report: 02/24/1994
4. FEI Number: 65-0318431 ☐ 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

21 2. Principal Place of Business	c/o A. HONIG
22 Suite, Apt. #, etc.	APT # 2011
23 City & State	BOCA RATON, FLA.
24 Zip / 25 Country	33434 / USA
26 Mailing Address	29 WEST 57TH ST
27 Suite, Apt. #, etc.	10TH FLOOR
28 City & State	NEW YORK, NY
29 Zip / 30 Country	10019 / NY

9. Name and Address of Current Registered Agent

ROLLNICK, NEIL S.
133 SEVILLA
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name	SHELDON ENGELHARD ESQ
82 Street Address (P.O. Box Number is Not Acceptable)	5355 TOWN CENTER RD
83	SUITE 801
84 City / 85	BOCA RATON FL / 33486

11. Pursuant to the provisions of Section 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Sheldon Engelhard Sheldon Engelhard 3/3/95
(Signature of a current name of registered agent, if the agent is changing.) (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	LEIGH, ABBY
STREET ADDRESS	880 FIFTH AVE
CITY-ST-ZIP	NEW YORK NY 10021
TITLE	S
NAME	HONIG, ALAN
STREET ADDRESS	1501 BROADWAY, STE 1313
CITY-ST-ZIP	NEW YORK NY
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition	
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE	☐ Change ☐ Addition	
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE	☐ Change ☐ Addition	
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE	☐ Change ☐ Addition	
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE	☐ Change ☐ Addition	
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE	☐ Change ☐ Addition	
62 NAME		
63 STREET ADDRESS		
64 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)(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: Abby Leigh Abby LEIGH 2/21/95 212-750-3800
SIGNATURE AND TYPED OR PRINTED NAME OF WHOMEVER OFFICER OR DIRECTOR Date Daytime Phone #

0001004 CP