FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



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

1996

1. Corporation Name

830375 **DOCUMENT #**

(2)

SAMUEL A. RAMIREZ & COMPANY, INC.						
Principal Place of Business Mailing Address						t 186101 18626 delle 18400 tilte 18600 tale dent dant dette den gener anne anne anne
61 BROALWA NEW YORK N		61 Broadway New York NY 10006	* * • * * • * * * * * * * * * * * * * *			
						3. Date Incorporated or Qualified 06/29/1973 3a. Date of Last Report 01/31/1995
2. Principal Plac	ce of Business	2a. Mailing Address				4, FEI Number Applied For
21		26				13-2695511 Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State		City & State				6. Election Campaign Financing \$5.00 May Be
23		28				Trust rung Continuation Added to rees
Zip	Country		Zip Country			8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes VNo
24	25	29	30	1		Florida Statutes
	9. Name and Address of Curren	Registered Agent		81 Name		10, Haire and Address of Her Hogistality Agent
OT 000	DODATION OVOTEM					
	PORATION SYSTEM		1	B2	Street A	Address (P.O. Box Number is Not Acceptable)
	PINE ISLAND ROAD		- -	83		
PLANIA	TION FL 33324					
			[1	84	City	FL 85 Zip Code
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. SIGNATURIE Signature: typed or printed name of registered agent and little if applicable [NOTE: Registered Agent signature required when reinstating). DATE						
12.	OFFICERS ANI		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1. 1 11	1. 1 TITLE		Change Addition
NAME	ramirez, samuel a.		1.2 NAME		Ì	
STREET ADDRESS	61 BROADWAY		1.3 STREE		ADDRESS	
CITY-ST-ZIP	NEW YORK NY		1.4 C(T	Y-S	T-ZIP	
TITLE	D	™ DELETE	2 1 Til	ILE		☐ Change ☐ Addition
NAME	ramirez, diane		2.2 NAME			
STREET ADDRESS	61 BROADWAY		2.3 ST	2.3 STREET A		
CITY-ST-ZIP	NEW YORK NY		2 4 CIT	2 4 CITY - ST		
TITLE	D	☐ DELETE	3 1 117	3 1 TITLE		Change Addition
NAME	RAMIREZ, SAMUEL A		3 2 NA	3.2 NAME		
STREET ADDRESS	61 BROADWAY		3.3. STREET A		I ADDRESS	
CITY-ST-ZIP	NEW YORK NY		3.4 CIT		IT-ZIP	JENIOR VIDE PRESIDENT Change Addition
TITLE	V	☑ DELETE	4 1 Ti		İ	John V. Kick
NAME	CHIOCCO, FRANK T.		4.2 NA			JOHN V. KICK
STREET ADDRESS	61 BROADWAY		1		ADDRESS	Vau York, New York 10006 Change Addition
CITY-ST-ZIP	NEW YORK NY	T DOLETE		CITY - ST - ZIP		Niu York, New York 1000 Change Addition
TITLE		☐ DELETE	5 1 TI		j	,
NAME			5 2 NA		1000000	
STREET ADDRESS			5 3 STREET		1	
CITY-ST-ZIP		□ DELETE	_	5.4 CITY-ST-Z 6.1 TITLE		Change Addition
THLE			62 NA			
NAME					ADDRESS	
STREET ADDRESS			6.4 CI			
CITY-ST-ZIP	and if that the information guardied	with this filing is voluntarily furn				alify for the exemption stated in Section 119.07(3)(k), Florida Statutes, I further

Ido 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 charged, or on an attactyment with an address.

IGNATURE:

| SIGNATURE | SIGNATURE | SIGNATURE | SIGNING OFFICER OR DIRECTOR | SIGNING O

SIGNATURE: _