

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

FILED
Feb 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000001433 (0)
 1. Corporation Name
ULANO CORPORATION



Principal Place of Business 255 BUTLER ST. BROOKLYN NY 11217	Mailing Address 255 BUTLER ST. BROOKLYN NY 11217-3020
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3. Date Incorporated or Qualified 03/24/1995	3a. Date of Last Report 03/04/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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4. FEI Number 11-1724142	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 S. PINE ISLAND RD.
 PLANTATION FL 33324**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARDACK, LESTER S	1.2 NAME	JEFFREY N. KLAR
STREET ADDRESS	255 BUTLER ST.	1.3 STREET ADDRESS	255 BUTLER ST
CITY-ST-ZIP	BROOKLYN NY 11217	1.4 CITY-ST-ZIP	BROOKLYN NY 11217
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLENBROCK, ALLEN	2.2 NAME	
STREET ADDRESS	255 BUTLER ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKLYN NY 11217	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAUM, MARTIN	3.2 NAME	
STREET ADDRESS	255 BUTLER ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKLYN NY 11217	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURTIS, JOHN	4.2 NAME	
STREET ADDRESS	255 BUTLER ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKLYN NY 11217	4.4 CITY-ST-ZIP	
TITLE	AS <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNARD, ROBERT W	5.2 NAME	
STREET ADDRESS	255 BUTLER ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKLYN NY 11217	5.4 CITY-ST-ZIP	
TITLE	AT <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHLESINGER, PAUL M	6.2 NAME	
STREET ADDRESS	255 BUTLER ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKLYN NY 11217	6.4 CITY-ST-ZIP	

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 *[Handwritten Signature]* DATE *2/18/97* (718) 611-5100

CR2E034 (9/96)