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**Feb 06 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 # F96000002204 (3)**

1. Corporation Name  
**BREI/BIS INC.**



Principal Place of Business  
**345 PARK AVENUE, 31ST FLOOR  
NEW YORK NY 10154**

Mailing Address  
**345 PARK AVENUE, 31ST FLOOR  
NEW YORK NY 10154-0004**

3. Date Incorporated or Qualified **05/02/1996**      3a. Date of Last Report

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt #, etc.	26	Suite, Apt #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25	Country	30	Country

4. FEI Number <b>APPLIED FOR 13-3889832</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fees Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
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
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

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>SCHWARZMAN, STEPHEN A</b>	
STREET ADDRESS	<b>345 PARK AVENUE, 31ST FLOOR</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10154</b>	
TITLE	<b>VTD</b>	<input type="checkbox"/> DELETE
NAME	<b>SAYLAK, THOMAS J</b>	
STREET ADDRESS	<b>345 PARK AVENUE, 31ST FLOOR</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10154</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>ORBUCH, STEVEN E</b>	
STREET ADDRESS	<b>345 PARK AVENUE, 31ST FLOOR</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10154</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>WHITNEY, KENNETH C</b>	
STREET ADDRESS	<b>345 PARK AVENUE, 31ST FLOOR</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10154</b>	
TITLE	<b>C</b>	<input type="checkbox"/> DELETE
NAME	<b>PETERSON, PETER G</b>	
STREET ADDRESS	<b>345 PARK AVENUE, 31ST FLOOR</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10154</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>GALOOGLY, MARK</b>	
STREET ADDRESS	<b>345 PARK AVENUE, 31ST FLOOR</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10154</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>Gallogly, Mark</b>
6.3 STREET ADDRESS	
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: *Roxia P. Toth*      1/14/97      212 754-7348  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/96)