



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 82761		2. Name of Corporation One-Stop Liquors, Inc.			
3. Street Address Principal Business Office 97 RAILROAD STREET			City MANVILLE	State RI	Zip 02838
4. Business Phone No. 4017691515		5. State of Incorporation RHODE ISLAND		6. SIC Code 3251	
7. Brief Description of the Character of Business Conducted in Rhode Island TO SELL VARIOUS FORMS OF ALCOHOLIC BEVERAGES.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name NECATI YUZBASIOGLU			Vice President Name NONE		
Street Address 3 JOYCE ANN DRIVE			Street Address		
City MANVILLE	State RI	Zip 02838	City	State	Zip
Secretary Name NECATI YUZBASIOGLU			Treasurer Name NECATI YUZBASIOGLU		
Street Address 3 JOYCE ANN DRIVE			Street Address 3 JOYCE ANN DRIVE		
City MANVILLE	State RI	Zip 02838	City MANVILLE	State RI	Zip 02838
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NONE			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100	NO PAR VALUE		100	COMMON	NO PAR VALUE

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



8 2 7 6 1

82761 DBQ 01/18/05 08:53:39 PM

File Date 3/3/05

Check No. 6206

By: W

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

NECATI YUZBASIOGLU FEB 16 2005
Signature of Officer Date

NECATI YUZBASIOGLU

Print or Type Name of Officer

PRESIDENT

Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 82761		2. Name of Corporation One-Stop Liquors, Inc.			
3. Street Address Principal Business Office 97 RAILROAD STREET			City MANVILLE	State RI	Zip 02838
4. Business Phone No. 401-769-1515		5. State of Incorporation RHODE ISLAND			6. SIC Code 3251
7. Brief Description of the Character of Business Conducted in Rhode Island TO SELL VARIOUS FORMS OF ALCOHOLIC BEVERAGES.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name NECATI YUZBASIOGLU			Vice President Name NONE		
Street Address 3 JOYCE ANN DRIVE			Street Address		
City MANVILLE	State RI	Zip 02838	City	State	Zip
Secretary Name NECATI YUZBASIOGLU			Treasurer Name NECATI YUZBASIOGLU		
Street Address 3 JOYCE ANN DRIVE			Street Address 3 JOYCE ANN DRIVE		
City MANVILLE	State RI	Zip 02838	City MANVILLE	State RI	Zip 02838
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NONE			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 NO PAR VALUE			100	COMMON	NO PAR VALUE

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 8 2 7 6 1 *

File Date _____
FILED
Check No. _____
MAR 16 2004
By: _____
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer: NECATI YUZBASIOGLU Date: 2/28/04
Print or Type Name of Officer: NECATI YUZBASIOGLU
Title of Officer: PRESIDENT



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. *82761*		2. Name of Corporation One-Stop Liquors, Inc.			
3. Street Address Principal Business Office 97 RAILROAD STREET			City MANVILLE	State RI	Zip 02838
4. Business Phone No. 4017691515		5. State of Incorporation RHODE ISLAND			6. SIC Code 3251
7. Brief Description of the Character of Business Conducted in Rhode Island TO SELL VARIOUS FORMS OF ALCOHOLIC BEVERAGES.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name NECATI YUZBASIOGLU			Vice President Name NONE		
Street Address 3 JOYCE ANN DRIVE			Street Address		
City MANVILLE	State RI	Zip 02838	City	State	Zip
Secretary Name NECATI YUZBASIOGLU			Treasurer Name NECATI YUZBASIOGLU		
Street Address 3 JOYCE ANN DRIVE			Street Address 3 JOYCE ANN DRIVE		
City MANVILLE	State RI	Zip 02838	City MANVILLE	State RI	Zip 02838
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NONE			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100	NO PAR VALUE		100	COMMON	NO PAR VALUE

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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**82761* 1/10/03 12:26:01 PM*

File Date 4-8-03

Check No. 779

By: Kmc

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

NECATI YUZBASIOGLU 3-30-03
Signature of Officer Date
NECATI YUZBASIOGLU
Print or Type Name of Officer
PRESIDENT
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **82761** 2. Name of Corporation **One-Stop Liquors, Inc.**
3. Street Address Principal Business Office **97 RAILROAD STREET** City **MANVILLE** State **RI** Zip **02838**
4. Business Phone No. **766-5443** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3251**
7. Brief Description of the Character of Business Conducted in Rhode Island
LIQUOR STORE

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name NECATI YUZBASIOGLU Street Address 3 JOYCE ANN DR City MANVILLE State RI Zip 02838	Vice President Name NONE Street Address City State Zip
Secretary Name NECATI YUZBASIOGLU Street Address 3 JOYCE ANN DRIVE City MANVILLE State RI Zip 02838	Treasurer Name NECATI YUZBASIOGLU Street Address 3 JOYCE ANN DRIVE City MANVILLE State RI Zip 02838

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name NONE Street Address City State Zip	Director Name Street Address City State Zip
Director Name Street Address City State Zip	Director Name Street Address City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	100	NO PAR VALUE	

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	100	COMMON	NO PAR VALUE

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 8 2 7 6 1 *

FILED

File Date: JUN 17 2002
Check No.: By CC 4551
By: _____
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer: NECATI YUZBASIOGLU Date: 03-29-02
Print or Type Name of Officer: NECATI YUZBASIOGLU
Title of Officer: Pres



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **82761** 2. Name of Corporation **One-Stop Liquors, Inc.**
3. Street Address Principal Business Office **97 Railroad Street** City **Manville** State **RI** Zip **02838**
4. Business Phone No. **766-5443** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3251**

7. Brief Description of the Character of Business Conducted in Rhode Island
Liquor Store

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Necati Yuzbasioglu	Vice President Name
Street Address 3 Joyce Ann Drive	Street Address
City State Zip Manville RI 02838	City State Zip
Secretary Name Necati Yuzbasioglu	Treasurer Name Necati Yuzbasioglu
Street Address 3 Joyce Ann Drive	Street Address 3 Joyce Ann Drive
City State Zip Manville RI 02838	City State Zip Manville RI 02838

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name none	Director Name
Street Address	Street Address
City State Zip	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
100 SHS NO PAR VALUE		

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES	Class/Series	Par Value
100	Common	no par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 8 2 7 6 1 *

File Date: 9-21-01
Check No.: 5007
By: RMF

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Necati Yuzbasioglu
Signature of Officer Date

Necati Yuzbasioglu
Print or Type Name of Officer
President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **82761** 2. Name of Corporation **One-Stop Liquors, Inc.**

3. Street Address Principal Business Office City State Zip
97 Railroad Street **Manville** **RI** **02838**

4. Business Phone No. 5. State of Incorporation 6. SIC Code
766-5443 **RHODE ISLAND** **3251**

7. Brief Description of the Character of Business Conducted in Rhode Island

Liquor Store

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Necati Yuzbasioglu	Vice President Name
Street Address 3 Joyce Ann Drive	Street Address
City State Zip Manville RI 02838	City State Zip
Secretary Name Necati Yuzbasioglu	Treasurer Name Necati Yuzbasioglu
Street Address 3 Joyce Ann Drive	Street Address 3 Joyce Ann Drive
City State Zip Manville RI 02838	City State Zip Manville RI 02838

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name none	Director Name
Street Address	Street Address
City State Zip	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
100 SHS NO PAR VALUE		

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100	common	no par value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: **FILED**

Check No.: **MAY 03 2000**

By: **[Signature]**
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] Date

Necati Yuzbasioglu
Print or Type Name of Officer

President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 82761		2. Name of Corporation One-Stop Liquors, Inc.			
3. Street Address Principal Business Office 97 Railroad Street			City Manville	State RI	Zip 02838
4. Business Phone No. 401-766-5443 7691515		5. State of Incorporation RHODE ISLAND		6. SIC Code 3251	
7. Brief Description of the Character of Business Conducted in Rhode Island Liquor Store					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Necati Yuzbasioglu			Vice President Name		
Street Address 3 Joyce Ann Drive			Street Address		
City Manville	State RI	Zip 02838	City	State	Zip
Secretary Name Necati Yuzbasioglu			Treasurer Name Necati Yuzbasioglu		
Street Address 3 Joyce Ann Drive			Street Address 3 Joyce Ann Drive		
City Manville	State RI	Zip 02838	City Manville	State RI	Zip 02838
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)			11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 SHS NO PAR VALUE			100	Common	\$1.00 PV

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: 5-25-99
Check No.: 1128
By: AMF

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Necati Yuzbasioglu
Signature of Officer Date 11/1/99

Necati Yuzbasioglu

Print or Type Name of Officer

President

Title of Officer

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **82761** 2. Name of Corporation **One-Stop Liquors, Inc.**
3. Street Address Principal Business Office **97 RAILROAD STREET** City **MANVILLE** State **RI** Zip **02838**
4. Business Phone No. **H. (401) 766-5443 / B. 401-769 15 15** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3251**
7. Brief Description of the Character of Business Conducted in Rhode Island
LIQUOR STORE

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name NECATI YUZBASIOGLU Street Address 3 JOYCE ANN DRIVE City MANVILLE State RI Zip 02838	Vice President Name NECATI YUZBASIOGLU Street Address 3 JOYCE ANN DRIVE City MANVILLE State RI Zip 02838
Secretary Name NECATI YUZBASIOGLU Street Address 3 JOYCE ANN DRIVE City MANVILLE State RI Zip 02838	Treasurer Name NECATI YUZBASIOGLU Street Address 3 JOYCE ANN DRIVE City MANVILLE State RI Zip 02838

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name None Street Address City _____ State _____ Zip _____	Director Name Street Address City _____ State _____ Zip _____
Director Name Street Address City _____ State _____ Zip _____	Director Name Street Address City _____ State _____ Zip _____

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
1,000 SHS NO PAR VALUE			

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES	Number of Shares	Class/Series	Par Value
1000	1000	Common	No Par V.

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: 3.11.98
Check No.: 1095
By: ICP
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer: NECATI YUZBASIOGLU
Print or Type Name of Officer: **NECATI YUZBASIOGLU**
Title of Officer: **Secretary**



PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **82761**
2. Name of Corporation **One-Stop Liquors, Inc.**
3. Street Address Principal Business Office
97 Railroad Street
4. Business Phone No. **(401) 766-5443**
5. State of Incorporation **RHODE ISLAND**

City **Manville** State **Rhode Island** Zip **02838**
6. SIC Code **3251**

7. Brief Description of the Character of Business Conducted in Rhode Island
Liquor Store

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name **Necati Yuzbasioglu**
Street Address **3 Joyce Ann Drive**
City **Manville** State **Rhode Island** Zip **02838**

Vice President Name
Street Address
City State Zip

Secretary Name **Necati Yuzbasioglu**
Street Address **3 Joyce Ann Drive**
City **Manville** State **Rhode Island** Zip **02838**

Treasurer Name **Necati Yuzbasioglu**
Street Address **3 Joyce Ann Drive**
City **Manville** State **Rhode Island** Zip **02838**

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name
Street Address
City State Zip

10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1,000 SHS NO PAR VALUE

ISSUED SHARES
Number of Shares Class/Series Par Value
100 Common \$1.00 Par Val.

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 8 2 7 6 1 *

File Date: 6/16/97
Check No.: 1475
By: Kip

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Necati Yuzbasioglu 2-25-97
Signature of Officer Date

Necati Yuzbasioglu
Print or Type Name of Officer

President
Title of Officer

**PROFIT CORPORATION
ANNUAL REPORT**

1996



State of Rhode Island and Providence Plantations
James R. Langevin, Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1
Filing Fee: \$50.00

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. **82761** 2. NAME OF CORPORATION **One-Stop Liquors, Inc.**

3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE **97 Railroad Street** CITY **Manville** STATE **RI** ZIP CODE **02838**

4. BUSINESS PHONE NO. **401-766-5443** 5. STATE OF INCORPORATION **RHODE ISLAND** 6. SIC CODE **3251**

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND
Liquor Store

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME **Necati Yuzbasioglu** VICE PRESIDENT NAME **Necati Yuzbasioglu**

STREET ADDRESS **3 Joyce Ann Drive** STREET ADDRESS **3 Joyce Ann Drive**

CITY **Manville** STATE **RI** ZIP CODE **02838** CITY **Manville** STATE **RI** ZIP CODE **02838**

SECRETARY NAME **Necati Yuzbasioglu** TREASURER NAME **Necati Yuzbasioglu**

STREET ADDRESS **3 Joyce Ann Drive** STREET ADDRESS **3 Joyce Ann Drive**

CITY **Manville** STATE **RI** ZIP CODE **02838** CITY **Manville** STATE **RI** ZIP CODE **02838**

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME **None** DIRECTOR NAME

STREET ADDRESS STREET ADDRESS

CITY STATE ZIP CODE CITY STATE ZIP CODE

DIRECTOR NAME DIRECTOR NAME

STREET ADDRESS STREET ADDRESS

CITY STATE ZIP CODE CITY STATE ZIP CODE

10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
1,000 SHS	NO PAR VALUE		1,000	No Par	

This report must be **SIGNED IN INK** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

File Date: **3/18/96**

Necati Yuzbasioglu
Signature of Officer

Check No: **1203**

NECATI YUZBASIOGLU
Print or Type Name of Officer

By: *[Signature]*
For Secretary of State Use Only

President **3/14/1996**
Title of Officer Date