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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1006

	1990	COO III IN	, DINISION (	OF CORPORATIONS		
DOCUI	MENT #	M5863	7 (3)			
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Principal Place	of Business		Mailing Address		L INSCENSI TO BILL ENTLY DEIDE	issan emma dynan mines millis millin dføst millis
C/O ELIAMU BENSHMUEL 16300 N.E. 19TH AVENUE NORTH MIAMI BEACH FL 33162-4879			C/O ELIAHU BENSHMUEL 16300 N.E. 19TH AVENUE NORTH MIAMI BEACH FL 33162-4879		4.07	
					<ol> <li>Date Incorporated or Qualified 09/03/1987</li> </ol>	3a. Date of Last Report 05/01/1995
- mg	ace of Business		2a. Mailing Address		4. FEI Number	Applied For
1 152 N	NE 167th	Street	26 152 NE	167th Street	65-0009082	Not Applicable
Suite, Apt. 4 2 2ND F			Suite, Apt. #, etc 27 2ND F10	^ <u></u>	5. Certificate of Status Desired	\$8.75 Additional
City & State			City & State	<u>or</u>		Fee Required
3 N. Mi	a. Bch,	FI.	— ·	Bch, F1	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	( C	ountry	Zip	Country	8. This corporation has liability for	
3316		····	29 33162	30		es No
	9. Name and A	ddress of Current R	legistered Agent		10. Name and Address of New	Registered Agent
				81 Name	ishu Bon Chianat	
BENSHMUEL, ELIAHU				82 Street Addin	iahu Ben-Shmuel ess (P.O. Box Number is Not Accepte	able)
16300 NE 19TH AVENUE				83	2 NE 167th Stree	<u>t</u>
NORTH	MIAMI BEACH F	L 33166			D Floor	
				1841 Cit√		85 Zip Çode
11. Pursuant to	o the provisions of	Sections 607 0502 an	d 607 1508 Florida Statu		Mia. Boh,	FL   33162
or registere	ed agent, or both, in	the State of Florida.	Such change was author	ized by the corporation's boar	ation submits this statement for the pi d of directors. Thereby accept the ap	urpose of changing its registered office pointment as registered agent. Lan
	n, and accept the c	ibligations of, Section	607.0505, Florida Statute	28.		
SIGNATURF _	Signature, typed or printed	rame of registered agent and	otie it appricative (t	COLE Brigistered Agrolf signaturi requiron	fineher nerstateur	DATE
12.		OFFICERS AND D		13.		FICERS AND DIRECTORS IN 12
lijre	D		☐ DELETE	1. 1 Till F		Mac Change Addition
NAME	BENSHMUEL			1.2 NAME	Ben-Shmuel	
STREET ADDRESS		9TH AVENUE		1.3 STREET ADDRESS	152 NE 167TH St	treet 2ND Floor
D/TY+ST-Z/P	N. MIAMI BE	ACH FL	D DELETE	1 4 CiTY - S1 - 2iF	N. Mia. Bch, Fl	33162 11001
IIILE	D D	HOD	☐ DELFTE	2 1 TITLE		X Change Addition
NAME STREEF FADURESS	BEN-SHMUEL			22 NAME		
OTY-SI-ZIP	16300 N.E. 1: N. MIAMI BEA	· · · · · · · · · · · · · · · · · · ·		2.3 STHEET ADDRESS	152 NE 167th St	reet 2ND Floor
TILE TO THE TOTAL TOTAL TO THE	IN MINIMI DEA	ion ru	DELETE	2.4 CITY - \$1 - Z-P	N. Mia. Bch. FI	
IAME			LJ becei	3 2 NAME		Change Addition
TREET ADDRESS				3.3 STREET ADDRESS		
IITY - ST - ZIP				3.4 City-St-Zip		
IILE			DELETE	4.1711:E		Change Addition
AME				4.2 NAME		□ o maigo □ magradii
PREEL ADDRESS				4.3 STREET ADDRESS		
DITY - ST - ZIP				4.4 C/TY-ST-Z/P		
ITLE	<del></del>		DELE IE	5 1 TITLE		Change Addition
IAME				5.2 NAME		_ , _
TREET ADDRESS				5 3 STREET ADORESS		
ITY - ST - ZIP				5 4 CITY - ST - ZIP		
ITLE			☐ DEFFTE	8 1 TIILE		Change Addition
IAME				6.2 NAME		
TREET ADDRESS				6.3 STREET ADDRESS		
A Lety become	codification and the	and the second s	ALC: FI	6.4 C(TY - ST - Z)P		
oath; that I	am an officer or dir	ector of the comoratic		illai report is true and accurate se empowered to execute this	r the exemption stated in Section 119 e and that my signature shall have the report as required by Chapter 607, F	

SIGNATURE #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-96 301-947-9722