

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P92000009933 (2)**

1. Corporation Name

YAHALOM - MIRACLE, INC.



Principal Place of Business

**21204 HARBOR WAY #215
NORTH MIAMI BEACH FL 33180**

Mailing Address

**21204 HARBOR WAY #215
NORTH MIAMI BEACH FL 33180**

3. Date Incorporated or Qualified
12/04/1992

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 **C/O ISRAM REALTY**

26 **C/O ISRAM REALTY**

4. FEI Number

65-0371877

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **169 E. FLAGLER ST. #920**

27 **169 E. FLAGLER ST. #920**

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

23 **MIAMI, FLORIDA**

28 **MIAMI, FLORIDA**

6. Election Campaign Financing

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24 **33131**

25

29 **33131**

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FERDIE, AINSLEE R
717 PONCE DE LEON BLVD.
STE 215
CORAL GABLES FL 33134**

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

Sign in type or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
	D			<input type="checkbox"/>
NAME	RIKMAN, SHAUL			
STREET ADDRESS	21204 HARBOR WAY #215			
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33180			
TITLE	D			<input type="checkbox"/>
NAME	RIKMAN, ISRAEL			
STREET ADDRESS	21204 HARBOR WAY #215			
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33180			
TITLE				<input type="checkbox"/>
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE				<input type="checkbox"/>
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE				<input type="checkbox"/>
NAME				
STREET ADDRESS				
CITY-ST-ZIP				

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

14. I do 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 changed, or on an attachment with an address.

SIGNATURE:

Sign in type or printed name of signing officer or director

SHAUL RIKMAN 4-20-96 305 3506777

Date

Daytime Phone #

CR2E034 (12/95)