

**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 # P93000054123 (3)**

1. Corporation Name  
**YAHALOM-WEST PALM, INC.**



Principal Place of Business <b>21204 HARBOR WAY #125 N MIAMI BEACH FL 33180</b>	Mailing Address <b>21204 HARBOR WAY #125 N MIAMI BEACH FL 33180</b>
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3. Date Incorporated or Qualified <b>08/03/1993</b>	3a. Date of Last Report <b>05/01/1995</b>
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2. Principal Place of Business 21 <b>C/O ISRAEL REALTY</b> Suite, Apt. #, etc. 22 <b>169 E FLAGLER ST. #900</b> City & State 23 <b>MIAMI FLORIDA</b> Zip 24 <b>33131</b> Country	2a. Mailing Address 26 <b>C/O ISRAEL REALTY</b> Suite, Apt. #, etc. 27 <b>169 E FLAGLER ST. #900</b> City & State 28 <b>MIAMI FLORIDA</b> Zip 29 <b>33131</b> Country
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4. FEI Number <b>65-0428503</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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  
**FERDIE, AINSLEE R  
717 PONCE DE LEON BLVD  
#215  
CORAL GABLES FL 33134**

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>D</b> <input type="checkbox"/> DELETE
NAME	<b>RIKMAN, ISRAEL</b>
STREET ADDRESS	<b>21204 HARBOR WAY #125</b>
CITY-ST-ZIP	<b>N MIAMI BEACH FL 33180</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>RIKMAN, SHAUL</b>
STREET ADDRESS	<b>21204 HARBOR WAY #125</b>
CITY-ST-ZIP	<b>N MIAMI BEACH FL 33180</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: \_\_\_\_\_ **SHAUL RIKMAN** 4-20-96 305-350-6777  
Date Daytime Phone #

CR2E034 (12/95)