

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000095014 (3)**

1. Corporation Name  
**DAVID'S HARP, INC.**



Principal Place of Business: **520 SOUTH PARK RD. #1224 HOLLYWOOD FL 33021**  
Mailing Address: **520 SOUTH PARK RD. #1224 HOLLYWOOD FL 33021**

3. Date Incorporated or Qualified: **12/14/1995**  
3a. Date of Last Report

2. Principal Place of Business: **1500 San Remo Ave. Suite 176 Coral Gables, FL 33146**  
2a. Mailing Address: **1500 San Remo Ave. Suite 176 Coral Gables, FL 33146**

4. FEI Number:  Applied For /  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes /  No

9. Name and Address of Current Registered Agent: **CORPORATION SERVICE COMPANY 1201 NAYS STREET TALLAHASSEE FL 32301-2525**

10. Name and Address of New Registered Agent: **Jeffrey C. Roth, Esq. Roth & Scholl, 1500 San Remo Avenue Suite 176 Coral Gables FL 33146**

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: *Jimmy Clott* (Registered Agent) / *5/22/96* (Date)

12. OFFICERS AND DIRECTORS		DELETE
TITLE	<b>P</b>	<input type="checkbox"/>
NAME	<b>AZULAY, ASHER</b>	
STREET ADDRESS	<b>520 SOUTH PARK RD., #1224</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33021</b>	
TITLE	<b>V</b>	<input type="checkbox"/>
NAME	<b>HAZAN, YOUVAL</b>	
STREET ADDRESS	<b>520 SOUTH PARK RD., #1224</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33021</b>	
TITLE	<b>VST</b>	<input type="checkbox"/>
NAME	<b>BLOCH, MARGARET</b>	
STREET ADDRESS	<b>520 SOUTH PARK RD., #1224</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33021</b>	
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		DELETE	CHANGE	ADDITION
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME				
1.3 STREET ADDRESS				
1.4 CITY-ST-ZIP				
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME				
2.3 STREET ADDRESS				
2.4 CITY-ST-ZIP				
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME				
3.3 STREET ADDRESS				
3.4 CITY-ST-ZIP				
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME				
4.3 STREET ADDRESS				
4.4 CITY-ST-ZIP				
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME				
5.3 STREET ADDRESS				
5.4 CITY-ST-ZIP				
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME				
6.3 STREET ADDRESS				
6.4 CITY-ST-ZIP				

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5-30-96  
ABB

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)(x), 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: *Margaret Bloch, Vice President* / *5/22/96* (Date)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: *Margaret Bloch, Vice President*

CR2E034 (12/95)