

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90108 013 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # P98000107720
 1. Corporation Name
ORLANDO SURF INC.



| | |
|--|--|
| Principal Place of Business 4100 NORTH 28TH TERRACE HOLLYWOOD FL 33021 | Mailing Address 4100 NORTH 28TH TERRACE HOLLYWOOD FL 33021 |
|--|--|

DO NOT WRITE IN THIS SPACE

| | |
|--------------------------------------|---------------------------|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 |
| Suite, Ap. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 | Country 30 |

| | | |
|---|--------------------------------|-------------------------------|
| 3. Date Incorporated or Qualified 12/29/1998 | 4. FEI Number 65-0885477 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 - May Be Added to Fees | |
| 8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |

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

10. Name and Address of New Registered Agent

| | |
|---|----------------------|
| 81 Name Adekstone | 85 Zip Code 33020 |
| 82 Street Address (P.O. Box Number is Not Acceptable) 1946 Tyler St. | |
| 83 | |
| 84 City Hollywood | FL |

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: *[Signature]* DATE: 5.11.99
(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | <input type="checkbox"/> DELETE |
|----------------------------|--|---------------------------------|
| TITLE | | |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
|---|------------------------|---------------------------------|--|
| 1.1 TITLE | Pres. | | |
| 1.2 NAME | Doron Malinasky | | |
| 1.3 STREET ADDRESS | 3159 N. 34th St. | | |
| 1.4 CITY-ST-ZIP | Hollywood, FL 33021 | | |
| 2.1 TITLE | VIP | | |
| 2.2 NAME | Eliyahu Levy | | |
| 2.3 STREET ADDRESS | 13245 Keystone Isl Dr. | | |
| 2.4 CITY-ST-ZIP | North Miami, FL 33181 | | |
| 3.1 TITLE | VIP | | |
| 3.2 NAME | Eliav Savir | | |
| 3.3 STREET ADDRESS | 67 Hickory Rd. | | |
| 3.4 CITY-ST-ZIP | Hollywood, FL 33021 | | |
| 4.1 TITLE | Sec. Adv. | | |
| 4.2 NAME | Shaul Zislin | | |
| 4.3 STREET ADDRESS | 13255 Arch Creek Ter. | | |
| 4.4 CITY-ST-ZIP | N. Miami, FL 33181 | | |
| 5.1 TITLE | | | |
| 5.2 NAME | | | |
| 5.3 STREET ADDRESS | | | |
| 5.4 CITY-ST-ZIP | | | |
| 6.1 TITLE | | | |
| 6.2 NAME | | | |
| 6.3 STREET ADDRESS | | | |
| 6.4 CITY-ST-ZIP | | | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicate that 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, with all other like empowered.

SIGNATURE: *[Signature]* DATE: 4/23/99 TIME PHONE: 954-926-6666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)