


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Jun 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>87708 (1)</u> 1. Corporation Name <u>ARAD ENTERPRISES INC</u>			
Principal Place of Business <u>40 GLINSKY</u> <u>169 EAST FLAGLER ST. #1518</u> <u>MIAMI, FLORIDA 33131</u>		Mailing Address <u>40 GLINSKY</u> <u>169 E. FLAGLER ST. #1518</u> <u>MIAMI, FLORIDA 33131</u>	
2. Principal Place of Business 21 <u>169 EAST FLAGLER ST.</u> Suite, Apt. #, etc. <u>1518</u> City & State <u>MIAMI, FLORIDA</u> Zip <u>33131</u> Country <u>USA</u>		2a. Mailing Address 26 <u>169 EAST FLAGLER ST.</u> Suite, Apt. #, etc. <u>1518</u> City & State <u>MIAMI, FLORIDA</u> Zip <u>33131</u> Country <u>USA</u>	
22 <u>1518</u>		27 <u>1518</u>	
23 <u>MIAMI, FLORIDA</u>		28 <u>MIAMI, FLORIDA</u>	
24 <u>33131</u>		29 <u>33131</u>	
25 <u>DADE</u>		30 <u>USA</u>	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
		81 Name <u>Michael Glinsky</u>	
		82 Street Address (P.O. Box Number is Not Acceptable) <u>169 E. Flagler St. #1518</u>	
		83	
		84 City <u>Miami</u>	
		85 Zip Code <u>FL 33131</u>	
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: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP <u>Rabinovich Tolia, President</u> <u>7401 NW 16th Street</u> <u>Plantation, Florida</u>		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
2.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP <u>HARTEL, ENRIQUE, Secretary-Treasurer</u> <u>44 TACORE ST</u> <u>Tel Aviv Israel</u>		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
3.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
4.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
5.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
6.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
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		05 6/9/97	
14. I do 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 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: <u>[Signature]</u>		Date <u>5/5/97</u> (305) 358 4466	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

Please waive any 1...

CR2E034 (9/96)