

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V03246** (8)

1. Corporation Name
JUDICO, INC.



Principal Place of Business: **7900 ISLAND BLVD N MIAMI BEACH FL 33160**
Mailing Address: **7000 ISLAND BLVD NORTH MIAMI BEACH FL 33160 US**

2. Principal Place of Business: 21 State, Apt. #, etc. 22 City & State 23 Zip 24 Country 25
2a. Mailing Address: 26 State, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

3. Date Incorporated or Qualified: **12/31/1991** 3a. Date of Last Report: **01/24/1995**
4. FEI Number: **65-0300312** 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. 190.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent:
**BITTON, MOSHE
7900 ISLAND BLVD
N MIAMI BEACH FL 33160**

10. Name and Address of New Registered Agent:
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 607.0607 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0605, Florida Statutes.

SIGNATURE: *[Signature]* DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	PSD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	BITTON, MOSHE	2. NAME	
3. STREET ADDRESS	7900 ISLAND BLVD	3. STREET ADDRESS	
4. CITY, ST, ZIP	N MIAMI BEACH FL	4. CITY, ST, ZIP	
5. TITLE	VTD	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	BITTON, JUDY	6. NAME	
7. STREET ADDRESS	7900 ISLAND BLVD	7. STREET ADDRESS	
8. CITY, ST, ZIP	N MIAMI BEACH FL	8. CITY, ST, ZIP	
9. TITLE		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		10. NAME	
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY, ST, ZIP		12. CITY, ST, ZIP	
13. TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		14. NAME	
15. STREET ADDRESS		15. STREET ADDRESS	
16. CITY, ST, ZIP		16. CITY, ST, ZIP	
17. TITLE		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		18. NAME	
19. STREET ADDRESS		19. STREET ADDRESS	
20. CITY, ST, ZIP		20. 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 register 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)