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FILED
Mar 14 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 # **S43106** (1)
1. Corporation Name
UNIT 1007 CORP.



Principal Place of Business
**2800 ISLAND BLVD.
#1007
WILLIAMS ISLAND FL 33160**

Mailing Address
**2800 ISLAND BLVD.
#1007
WILLIAMS ISLAND FL 33160-4937**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**FELDMAN, DAVID, ESQ.
407 LINCOLN ROAD
PH NE
MIAMI FL 33139**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

3. Date Incorporated or Qualified
04/04/1991

3a. Date of Last Report
01/26/1996

4. FEI Number
65-0321969

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

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1408, 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 fee, if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **HARARI, SELIM**
STREET ADDRESS **2800 ISLAND BLVD. #1007**
CITY-ST-ZIP **WILLIAMS ISLAND FL**

TITLE **VST** ☐ DELETE
NAME **HARARI, JOCELYNE**
STREET ADDRESS **2800 ISLAND BLVD. #1007**
CITY-ST-ZIP **WILLIAMS ISLAND FL**

TITLE **D** ☐ DELETE
NAME **HARARI, JOCELYNE**
STREET ADDRESS **2800 ISLAND BLVD. #1007**
CITY-ST-ZIP **WILLIAMS ISLAND FL**

TITLE **VD** ☐ DELETE
NAME **HARARI, FRIDA**
STREET ADDRESS **2800 ISLAND BLVD. #1007**
CITY-ST-ZIP **WILLIAMS ISLAND FL**

TITLE **VD** ☐ DELETE
NAME **HARARI, LEONEL**
STREET ADDRESS **2800 ISLAND BLVD. #1007**
CITY-ST-ZIP **WILLIAMS ISLAND FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 attachment with an address.

SIGNATURE:

CR2E034 (9/96)