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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F94000005781 (9)

VERBACHIR CO. INC.

**FILED** May 05 1998 8:00am Secretary of State



Principal Place of Business Mailing Address C/O ISAAC FRANCO 401 GOLDEN ISLES DR., #506 C/O ISAAC FRANCO 401 GOLDEN ISLES DR. #506 DO NOT WRITE IN THIS SPACE HALLANDALE FL 33009 HALLANDALE FL 33009 3. Date Incorporated or Qualified 11/08/1994 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 52-1918920 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be Election Campaign Financing 23 Added to Fees Trust Fund Contribution 28 Country Zip Country This corporation owes or has paid the current year Intangible 24 25 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name FRANCO, ISAAC 401 GOLDEN ISLES DR Street Address (P.O. Box Number is Not Acceptable) **#506** 83 HALLANDALE FL 33009 84 City **B**5 Zip Code 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 punted manie of registered agent and total applicable (NOTE Registered Agent signature required when reinstating) CR2E034 (10/97 OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1.1 TITLE LEIBOVICH, EVEGNI NAME 1.2 NAME **69 BOGRASHOV STREET** STREET ADDRESS 1.3 STREET ADDRESS TEL AVIV,ISRAEL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition DST TITLE 2.1 TITLE ROM, DAVID NAME 2.2 NAME **69 BOCRASHOV STREET** STREET ADDRESS 2.3 STREET ADDRESS TEL AVIV, STREET CITY-ST-ZIP 2. 4 CITY - ST - 7IP DELETE 3.1 TITLE Change Addition TITLE NAME 3.2 NAM STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP TITLE DELETE 41 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - 7IP 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 indicated on this annual report or suppliemental 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 il changed, or on an attachment with an address.

4/27/62