FILE NOW: FI	LING FEE AFT	ER MAY 1 IS	\$225.00	1	
PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Morthant Secretary of State DIVISION OF CORPORATIONS			
DOCUMENT #	603643	(8)			
ISRAEL ABRAMS, F	P.A.				01011 01111 11011 01011 61011 1101
		Mailing Address		-	8191) 81811 81811 B1911 B1911 1831
Principal Place of Business 2750 N. E. 187 ST.	·	2750 N. E. 187 ST.	20100		
NORTH MIAMI BEACH FL 33180		NORTH MIAMI BEACH FL	33160	3. Date incorporated or Qualified 3a. D 07/17/1972	ate of Last Report 01/25/1995
2. Principal Place of Business	2	a. Mailing Address		4. FEI Number	Applied For Not Applicable
21	26	Suite, Apt #, etc.		59-1402316  5. Certificate of Status Desired □	\$8.75 Additional
Suite, Apil. #, etc.  22  City & State	27	n .		6. Election Campaign Financing	\$5.00 May Be Added to Fees
23 Zip	Country 28	Zip	Country	8. This corporation has liability for intangible Florida Statutes X Yes No	e tax under s 199.032,
25	29 Address of Current Reg	· · · · · · · · · · · · · · · · · · ·	30	10. Name and Address of New Register	ed Agent
ABRAMS,ISRAEL 2750 N. E. 187 ST. N. MIAMI BEACH FL 33180			83 84 City		B5 Zip Code
11. Pursuant to the provisions or registered agent, or bot familiar with, and accept t	of Sections 607,0502 and th, in the State of Florida S he obligations of, Section 6	607,1508, Florida Statules kich change was authorized 07,0505, Florida Statutes	, the above-named corporation's bora	oration submits this statement for the purpose o and of directors. I hereby accept the appointmen	nt as registered agent. I am
SIGNATURE Symmes, typed or p	a bed search of repetition alread and th		- Bioge-brood Ages I segnature requir	ed when teristating DA ADDITIONS/CHANGES TO OFFICERS	
12.	OFFICERS AND DI	RECTORS  DELFIE	13.	, , , , , , , , , , , , , , , , , , , ,	Change Addition
NAME ABRAMS,	ISRAEL E. 187 ST.	<del>-</del> -	1.2 NAME 1.3 STREET ADDRESS		
STREET ADDRESS 2750 N. E CITY - ST - ZIP MIAML FL		DELFTE	2 1 THLE		Change Addition
NAME SIRELLALORESS			2.2 NAME 2.3 STREET ADDRESS		
CITY ST-719		C) DETETE	2 4 C/TY - S1 - ZIF 3 1 TiTLE		Change Addition
TILE NAM:		<u>C</u> ) 25	3.7 NAME		
STREET AUDRESS			33 STREET ADDRESS		Change Addition
COLV SI- ZIF		DELETE	4 1 THTLE		Change Addition
NAME			4.2 NAME 4.3 STREET ADDRESS		
STREET ADDRESS			4.4 CITY - ST - 7i <sup>2</sup>		Change Addition
Oly-SI Ziii		DELETE	5 1 TITLE		
NAME			5.2 NAME 5.3 STREET ADDRESS		
STHEFT ADDRESS			5.4 C(1Y S1 - Z(P		Change Addition
City S. Zip		DELFTE	6 1 Tilluf		

SIGNATURE:

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ノ, ISRAEL ABRAMS 02/02/96 Date

C1) -S1-7lf

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 is fixed in 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 certify that the information is fixed in 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 certify that the information is fixed in or this annual report 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 is changed, or or the algorithm with an address. (305) 932-8500

Dayline Phone II