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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

1. Corporation Name

DOCUMENT #

(6)

MEN	DEA	\sim LLAE	RAHR	INC

Principal Place of Business	Mailing Address
18925 COLLINS AVENUE	18925 COLLINS AVENUE
MIAMI BEACH FL 33160	MIAMI BEACH FL 33160

|--|

3. Date Incorporated or Qualified

3a. Date of Last Report

				01/09/1980	02/27/1995
2. Principal	Place of Business	2a. Mailing Addres		4. FEI Number	Applied For
.		26		59-1948203	Not Applicable
Suite, Ap	t. #, etc.	Suite, Apt. #, 6	etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & St	ate	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country 25	Ζ _Ι ρ	Gountry 30	This corporation has liability for Florida Statutes Yes	intangibie tax under si 199.032, □ No
(4)	9. Name and Address of Curre			10. Name and Address of New F	Registered Agent
	<u> </u>		81	Name	-
	PER, EDITH H		82	Street Acdress (P.O. Box Number is Not Acceptate	ole)
) N.E. 19TH AVENUE 'H MIAMI BEACH FL 33162		83		
			84	Gity	Fi 85 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. Thereby accept the appointment as registered agent, and accept the obligations of Section 607.0505. Florida Statutes.

12.	Syratina typed or pust-dicate of right or diaject and the following strong and a ject and the following strong and a ject and the following strong and the following strong and a ject and the following strong and the following strong strong and the following strong str	TORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
THUE	D	☐ DELETE	1 1 TITLE	Change Addition
NAME	ORBUCH, SOL		1.2 NAME	
STREET ADDRESS	10 E 40TH ST		1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 00000		1.4.0 H.Y \$1 ZIF	
TITLE	DP	☐ DELETE	2 1 TITLE	Change Addition
NAME	SCHAUB, MAX		2.2 NAME	
STREET ACORESS	18925 COLLINS AVE.		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH. FL		2.4 City - \$1 - ZiP	
TITLE	VD	DELETE	3 1 TITLE	Change Addition
NAME	SILVERBERG, STEVE		3 2 NAME	
STREET ADDRESS	82 FOREST RD		3.3 STREET ADORESS	
City-St-ZiP	VALLEY STREAM, NY 00000		3.4.C+Ty + ST - 7IP	
TITLE	VD	□ DELETE	4 1 TITLE	Change Maddition
NAME	ELBAUM, MURRAY		4.2 NAME	
STREET ADDRESS	99-71-65TH RD		4.3 STREET ADDRESS	
CITY-ST-ZIP	FOREST HILLS, NY 00000		4.4 OUY - ST-ZIP	
TITLE	PD	☐ DELETE	5 1 THLE	☐ Change ☐ Addition
NAME	ZARUCKI, CHARLES		5.2 NAMa	
STREET ADDRESS	75 CEDAR DR		5.3 STREET ADDRESS	
CITY - ST-ZIP	GREAT NECK, NY 00000		5.4 CITY - \$1-7IP	
TITLE	S	DETELE	6.1 DEE	Change Addition
NAME	COOPER, EDITH H	′ 1	6.2 NAME	
STREET ADDRESS	17200 NE 19TH AVE		6.3 STREET ADORESS	
CITY-ST-ZIP	NI MIANIE DOLL EL GOGGO		6.4.C15Y - S1 - ZIP	
	the state of the s	s filing is voluntarily fugr	ished and does not qualify f	for the exemption stated in Section 119.07(3/k), Florida Statutes. I further attement that my signature shall have the same legal effect as if made under a good for produced the Chapter 607. Florida Statutes, and that my name

FACER OR DIRECTOR

SIGNATURE: X

4-12-96 305-931-8900