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CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMEN DE STATE

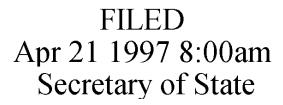
Sandra B. Mortam

Secretary of St DIVISION OF CORPORTIONS

1997

DOCUMENT # 679/25

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| SOLOMON IBN GABIROL CENTER, INC. Principal Place of Business Mailing Address 9605 NW 79TH AVE. #16 HIALEAH GARDENS FL 33016 | | | | | | |
|--|--|--|---|--|--|--------------------------------|
| | | | | Date Incorporated or Qualified 07/15/1980 | 3a. Date of Last I 04/29/1996 | Report |
| 2. Principal Place of Business | | 2a. Mailing Address 26 | | 4. FEI Number 59-2013755 | ————————————————————————————————————— | pplied For lot Applicable |
| Suite, Ap | t #, etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | | Additional lequired |
| City & Sta | nie | City & State | | Election Campaign Financing Trust Fund Contribution | \$5.00 | May Be |
| Ζ φ 24 | Country 25 | Zip 29 | Contry 30 | 8. This corporation has liability for | | |
| <u> </u> | 9. Name and Address of Curi | | [30] | 10. Name and Address of New R | | |
| 96 | LMER, GEORGE 05 NW 79TH AVE #16 ALEAH GARDENS FL 33016 | | 81 Name 82 Street Add 83 84 City | dress (P.O. Box Number is Not Accepta | | Code |
| 11. Pursuan office or agent 1 | It to the provisions of Sections 607.0 registered agent, or both, in the Stam familiar with, and accept the ob- | ate of Florida. Such change was ligations of, Section 607.0505, I | utes, the agree-named cors s authorize by the corpora Florida Stalles | rporation submits this statement for the ation's board of directors. I hereby according when reinstaling | purpose of changing ept the appointment as | its registered s registered |
| 12. | OFFICERS A | ND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFF | ICERS AND DIRECTO | RS IN 12 |
| TITLE | PSD PALMER, GEORGE | ☐ DELETE | 1.1 TLE 1.2 MAE | | Change | Addition |
| STREET ADDRESS | 9605 NW 79TH AVE, #16 HIALEAH GARDENS FL 330 | 16 | 1.3 SHEET ADDRESS | | | |
| CHY SI ZIF | HALEAN GAMPENS LT 990 | DELETE | 1.4 Cr - ST - ZIP 2.1 T E | | Change | Addition |
| NAME STREET ADORESS | , | | 2.2 N VE 2.3 S EET ADORESS | | Onlingo | realisi |
| CITY-ST ZIP | | | 2.4 (TY-ST-ZIP | | P 6 | - District |
| T IEE NAME | | [] DELETE | 3.1 THE 3.2 NME | | Change | Addition |
| STREET ADDRESS | | | 33 SREET ADDRESS | | | |
| TIT.F | | DELETE | 3.4. 0(Y-ST-ZIP 4.1 TILE | | Change | Addition |
| NAME STREET ADDRESS | | | 4.2 MME 4.3 STREET ADDRESS | | | |
| CHY SL-ZIP TIFLE | | DELETE | 4.4 CTY-ST-2IP 5.1 TILE | | Change | Addition |
| NAME STREET ADDRESS | | | 5.2 NAME 5.3 STREET ADDRESS | | | |
| C(TY : \$1 - 7)F: THUE MAVE | A STATE OF THE STA | ☐ DELETE | 5.4 CI(Y-ST-ZIP 6.1 TH/LE 6.2 NAME | | Change | Addition |
| STREET ADDRESS City - ST - Zip | | | 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP | | | |
| | | The state of the s | | ed in Section 119 07(3)(i). Florida Statu | and I divide an another the | - 1 46 - |

The increases define the information supplies with this tiling does not quality 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 Tarrian officer or director of the corporation or the receiver of trustee empowered to explore this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Biddy 13 if changed or on applicable and the state of the corporation of th