FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

30

DIVISION OF CORPORATIONS

1996 734903 **DOCUMENT #**

25

SCHWARZBAUM, EITAN

N MIAMI BCH FL 33162

1085 NE 176 ST

24

(8)

HINENI OF FLORIDA, INC.

HINENI OF FLORIDA, INC.					
Principal Place of Business	Mailing Address	f Mant 1808 (intraties bent eases	***************************************		
P O BOX 763 MIAMI FL 33163	P O BOX 763 MIAMI FL 33163				
MINMI 1 E GOIGO		3. Date Incorporated or Qualified 02/06/1976	3a. Date of Last Report 05/01/1995		
Principal Place of Business	2a. Mailing Address	4. FEI Number 59-1644921	Applied For Not Applica		
21 10 X XE 11C St. Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required		
22 NMB FLA City & State	27 MIAMI FLA City & State 28 33/63 USA	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
23 33/62 USA Zip Country	· 28 33/63 Us 3	 This corporation has liability for it 	ntangible tax under s. 199.032,		

29

9. Name and Address of Current Registered Agent

Fee Required \$5.00 May Be ng Added to Fees ty for intangible tax under s. 199.032, Yes No Florida Statutes 10. Name and Address of New Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) 82 83 Zip Code 84 City

Applied For Not Applicable \$8.75 Additional

			1 1	• <u>• 1</u>	
	the are takings of Sections 617 0502 and 617 1508	. Florida Statutes, the	e above named corp	poration submits this statement for the purpose of changing its re oard of directors. I hereby accept the appointment as registered	egistered office agent. Lam
11. Pursuant to or registere	of the provisions of sections of 1.0502 and open agent, or both, in the State of Florida. Such change	ge was authorized by	the corporation's b	poration submits this statement for the purpose of changing its in oard of directors. I hereby accept the appointment as registered	agomin
familiar with	h, and accept the obligations of. Section 617.0303,	Figilia Statutes.		5/4/96_	
SIGNATURE _	Signature, typed or printed name of registered agent and from if approach	(NOTE Rec	gistered Agent signature req	jured when reinstating: DATE	OC IN 10
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	Addition
TITLE	PD	DELETE	1.1 TITLE	Change	L Addition
NAME	PRAVDA, DON		1.2 NAME		ŀ
STREET ADDRESS	16345 W DIXIE HWY		1.3 STREET ADDRESS		
	N MIAMI BCH FL		14 CHTY-ST-ZIP	Channe	Addition
CITY-ST-ZIP TITLE	10	DELETE	2.1 TITLE	Change	C) Addition
NAME I	LEVY, BRUCE, DR.		2 2 NAME		
STREET ADDRESS	1030 NE 177 TER		23 STREET ADDRESS		
1	N MIAMI BCH FL		2 4 CITY - ST - ZIP	Change	Addition
CITY - ST - ZIP	CD	DELETE	3 1 11TLE	☐ Change	☐ Modition
NAME	SCHWARZBAUM, EITAN		3.2 NAME		
STREET ADDRESS	1085 NE 176TH ST.		3.3 STREET ADDRESS		
	NORTH MIAMI BCH FL		3 4. CITY-ST-ZIP	Change	Addition
CITY-ST-ZIP TITLE		DELETE	4 1 TifLE	Change	
NAME			4. 2 NAME		
			4.3 STREET ADDRESS		
STREET ADDRESS			4.4 City - ST - ZIP		T Addition
CITY-ST-ZIP TITLE		DELETE	5.1 TITLE	Change	Addition
NAME			5.2 NAME		
			53 STREET ADDRESS		
STREET ADDRESS			5.4 CITY-ST-ZIP		Addition
CITY-ST-ZIP		DELETE	6.1 TITLE	Change	Addition
TITLE			62 NAME		
NAME			6 3 STREET ADDRESS		
STREET ADDRESS			6 4 CITY - ST - ZIP		16.45
CITY-ST-ZIP			-	alify for the exemption stated in Section 119.07(3)(k), Florida Stat	utes. I further

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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

AND TYPED OR PRINTED MANE OF SIGNING OFFICER OR DIRECTOR