

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

**FILED**  
**Aug 05 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F94000005781 (9)**

1. Corporation Name  
**VERBACHIR CO. INC.**



Principal Place of Business % HAIM URMAN 401 GOLDEN ISLES DR. #613 HALLANDALE FL 33009	Mailing Address % HAIM URMAN 401 GOLDEN ISLES DR. #613 HALLANDALE FL 33009-7517
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	90 ISAAC FRANCO	26	90 ISAAC FRANCO	11/08/1994	04/15/1996
Suite, Apt. #, etc. 401 GOLDEN ISLES DR. #506		Suite, Apt. #, etc. 401 GOLDEN ISLES DR. #506		4. FEI Number	Applied For
22		27		52-1918920	Not Applicable
City & State HALLANDALE FL		City & State HALLANDALE FL		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
24	33009	25	BROWARD	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
29	33009	30	BROWARD		

9. Name and Address of Current Registered Agent

**URMAN, HAIM**  
 401 GOLDEN ISLE DR., #613  
 HALLANDALE FL 33009

10. Name and Address of New Registered Agent

81	Name	ISAAC FRANCO CPA
82	Street Address (P.O. Box Number is Not Acceptable)	401 GOLDEN ISLES DR. #506
83	City	HALLANDALE
84	State	FL
85	Zip Code	33009

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 ISAAC FRANCO, C.P.A. (NOTE: Registered Agent signature required when reinstating) DATE 8/31/97

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LEIBOVICH, EYEGNI	
STREET ADDRESS	69 BOGRASHOV STREET	
CITY-ST-ZIP	TEL AVIV, ISRAEL	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	ROM, DAVID	
STREET ADDRESS	69 BOGRASHOV STREET	
CITY-ST-ZIP	TEL AVIV, STREET	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ISAAC FRANCO (305) 924 0700

CP2E034 (9/96)