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FILED
Aug 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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



2. Principal Place of Business

21 90 ISAAC FRANCO
Suite, Apt. #, etc.
401 GOLDEN ISLES DR. #506

22 City & State
HALLANDALE FL
Zip
33009

23 Country
BROWARD

2a. Mailing Address

26 90 ISAAC FRANCO
Suite, Apt. #, etc.
401 GOLDEN ISLES DR. #506

27 City & State
HALLANDALE FL
Zip
33009

28 Country
BROWARD

3. Date Incorporated or Qualified
11/08/1994

3a. Date of Last Report
04/15/1996

4. FEI Number
52-1918920

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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 HALLANDALE
84 City
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.

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

7/31/97

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME PD LEBOVICH, EUGENI
STREET ADDRESS 69 BOGRASHOV STREET
CITY-ST-ZIP TEL AVIV, ISRAEL

TITLE
NAME DST ROM, DAVID
STREET ADDRESS 69 BOGRASHOV STREET
CITY-ST-ZIP TEL AVIV, STREET

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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: [Signature]

(305)
7/31/97

CR2E034 (9/96)