## FILE NOW: FILING FEE IS \$ 150. -

**!PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPAREMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

OCUMENT # F 96 00 00 00 0331

CONOVER HOLDINGS, Inc.

FILEU SEURETARY OF STATE
3-VISION OF CORPORATIONS

00 MAY -2 PM J: 58

ce of Business	Mailing Address	_			
ladia S. Edward	c coa (sa	me)			
17/10 ·	SICPA	,		`	
0 - 1/4 St. #1	210				
imi Beach : Fl	133160			8. This Corp. owes the	current vr. Z
Principal Place of Business 2a, Mailing Address				inta'ngible	Yes 1 NO X
					•
0.44					1 1
	<b>⊢</b>				Applied For
ite	City & State	<del></del>		<u> </u>	Not Applicable
<u> </u>	28	28		5. Certificate of Status Desired	
Country			гу	6 Election Campaign Financing	
25	29	30		Trust Fund Contribution	\$5.00 May Be Added to Fees
9. Name and Address of Cur	rent Registered Agent			10. Name and Address of New Regist	
		8	1 Name		
EDWAPDE NADIAS CPA			2 Street Add	rass (P.O. Box Number is Not Acceptable)	
200 17% 00 ULEVA		Oliber Add		"33 (1.0. Dax radiniber is radi Acceptable)	
		8	3		
ani Beach	El 33160		4 Ciby		
manni seach IFC 35100			[ ]		FI 85 Zip Code
registered agent, or both, in the Sta	ate of Florida, Such change was a	s, the abo	ve-named cor	poration submits this statement for the purpo	se of changing its registered
ım familiar with, and accept the obl	ligations of, Section 617.0503, Flor	ida Statute	s.	and board of directors. I hereby decept the	appointment as registered
S	<u> </u>				
			ant signature require		· · · · · · · · · · · · · · · · · · ·
T				ADDITIONS/CHANGES TO OFFICER	<del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>
				•	Change · Addition
IC Asus to Ct				4 2771771717171717171717	
Herzivia H6364 Israel			1	1000032584913	
V	DELETE		51-28		CO [Manage Co] Addition
			:	. ****15U.UL	DD (東海海南201-1999)
100HESS 290-1745+ # 1510			T ADDRESS		
Miami Beach, EL. 33160		J			
DELETE			31-21		Change [7] Addition
		4			
		U.S. I WHILE	1		
		33 970 00	TANNOFCC		
			T ADDRESS		
	☐ DELETE	3.3 STREE 3.4. CITY- 4.1 TITLE		·	Change Addition
	☐ DELETE	3.4. CITY- 4.1 TITLE	ST-ZIP		☐ Change ☐ Addition
	☐ DELETE	3.4. CITY- 4.1 TITLE 4. 2 NAME	ST-ZIP	·	☐ Change ☐ Addition
	☐ DELETE	3.4. CITY- 4.1 TITLE 4. 2 NAME 4.3 STREE	ST-ZIP . T ADDRESS	·	☐ Change ☐ Addition
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		3.4. CITY- 4.1 TITLE 4. 2 NAME 4.3 STREE	ST-ZIP . T ADDRESS	h	☐ Change ☐ Addition ☐ Change ☐ Addition
		3.4. CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME	ST-ZIP . T ADDRESS	tR/11	
	Country  Place of Business  # etc.  Country  25  9. Name and Address of Cur  DWARDS, NAD  O-174 St.  ami Beach,  to the provisions of Sections 617.6  registered agent, or both, in the Str  manifamiliar with, and accept the ob  Signature, typed or printed name of registered  OFFICERS  DCPS  HARPAZ, AVI  16 Arugot St.  HerZly, a H63  VEdwards, Nadu	Dadia S. Edwards, CPA  D-174 St. #1510  Min Beach, FL 33160  Place of Business  2a. Mailing Address 2b. Suite, Apt. #, etc. 27  The City & State 28  Country Zip 25  9. Name and Address of Current Registered Agent  DWARDS, NADIA S. CPA  33160  To the provisions of Sections 617.0502 and 617.1508, Florida Statute registered agent, or both, in the State of Florida. Such change was at an familiar with, and accept the obligations of, Section 617.0503, Florida Statute registered agent, or both in the State of Florida. Such change was at an familiar with, and accept the obligations of, Section 617.0503, Florida Statute of Florida. Such change was at an familiar with, and accept the obligations of, Section 617.0503, Florida Statute of Florida. Such change was at an familiar with, and accept the obligations of, Section 617.0503, Florida Statute of Florida. Such change was at an familiar with, and accept the obligations of, Section 617.0503, Florida Statute of Florida. Such change was at an familiar with, and accept the obligations of, Section 617.0503, Florida Statute of Florida. Such change was at an familiar with, and accept the obligations of, Section 617.0503, Florida Statute of Florida. Such change was at an familiar with, and accept the obligations of, Section 617.0503, Florida Statute of Florida. Such change was at an familiar with, and accept the obligations of, Section 617.0503, Florida Statute of Florida. Such change was at an familiar with, and accept the obligations of, Section 617.0503, Florida Statute of Florida. Such change was at an familiar with, and accept the obligations of, Section 617.0503, Florida Statute of Florida. Such change was at an familiar with and accept the obligations of, Section 617.0503, Florida Statute of Florida.	Addia S. Edwards, CPA  D-174 St. #1510  Comi Beach, FL 33160  Place of Business  2a. Mailing Address 26  #, etc.  Suite, Apt. #, etc.  27  te  City & State  28  Country  Zip  Count  25  9. Name and Address of Current Registered Agent  8  OWARDS, NADIA S. CPA  8  8  8  8  10 - 174 St. #1510  10 the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above in familiar with, and accept the obligations of, Section 617.0503, Florida Statutes in familiar with, and accept the obligations of, Section 617.0503, Florida Statutes in familiar with, and accept the obligations of, Section 617.0503, Florida Statutes in familiar with, and accept the obligations of, Section 617.0503, Florida Statutes in familiar with, and accept the obligations of, Section 617.0503, Florida Statutes in familiar with, and accept the obligations of, Section 617.0503, Florida Statutes in familiar with, and accept the obligations of, Section 617.0503, Florida Statutes in familiar with, and accept the obligations of, Section 617.0503, Florida Statutes in familiar with, and accept the obligations of, Section 617.0503, Florida Statutes in familiar with, and accept the obligations of, Section 617.0503, Florida Statutes in familiar with, and accept the obligations of, Section 617.0503, Florida Statutes in familiar with advanced by the familiar with above in familiar with a familiar	Oadia S. Edwards, CAA (50Me)  O-174 St. #1510  CMi Beach, FL 33160  Place of Business  2a. Mailing Address 2b. Wetc.  2a. Mailing Address 2c. Walter, Apt. #, etc. 2c. Walt	Odia S. Edwards, CPA  Pace of Business  2a. Mailing Address 2b. Mailing Address 2c. Ma

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

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

☐ DELETE

Addition

Change