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**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F9600001692

1. Corporation Name

PRECIOUS CHEMICALS U.S.A. INC.

| Principal Plac                          | e of Business  | Mailing Address   |                                      |  | ***             | 1 1001100 the 19110 Bitt Bott 0011 0011   | 11819 8111    |               |
|---|--|---|--------------------------------------|--|-----------------|---|---------------|---------------|
| 2957 STATE RD 434 2957 STATE RD 434     |  |   |                                      |  |                 |   |               |               |
| 100 100                                 |  |   |                                      |  |                 |   | 00405         |               |
| LONGWOOD FL 32779  LONGWOOD FL 32779    |  |   |                                      |  |                 | DO NOT WRITE IN THI   | S SPACE       |               |
| US                                      |  | US  | •                                    |  |                 | 3. Date Incorporated or Qualifed 04/04/1996   |               |               |
| 2. Principal P                          | face of Business   | 2a. Mailing Address   |                                      |  |                 | 4. FEI Number   | A             | oplied For    |
| 21                                      |  | 26  |                                      |  |                 | 06-1210732  |               | ot Applicable |
| Suite, Apt. #, etc. Suite, Apt. #, etc. |  |   |                                      |  |                 | 5. Certificate of Status Desired  | \$8.75        | Additional    |
| 22                                      |  | 27  |                                      |  |                 | 0. 00 mm 1.3 mm | Fee R         |               |
| City & Stat                             | te   | City & State  |                                      |  |                 | 6. Election Campaign Financing  |               | May Be        |
| 23                                      |  | 28  | _                                    |  |                 | Trust Fund Contribution   |               | to Fees       |
| Zíp                                     | Country  | Zip   |                                      | untry                                      |                 | <ol><li>This corporation owes the current year Ir</li></ol>   |               |               |
| 24                                      | 25   | 29  | 30                                   |  |                 | Personal Property Tax.  | Yes           | □No           |
|   | 9. Name and Address of Curret  | nt Registered Agent   |                                      | -  | <b>A</b> 1      | 10. Name and Address of New Registered  | Agent         | <u></u>       |
| A 77                                    | ADA LOUIS  |   |                                      | 81   | Name            |   |               |               |
|   | ARA, LOUIS   |   |                                      | 82   | Street A        | ddress (P.O. Box Number is Not Acceptable)  |               |               |
| 2957 STATE ROAD 434<br>SUITE 100        |  |   |                                      | _  |                 |   |               |               |
|   |  |   |                                      | 83   | İ               |   |               | ·             |
| LUN                                     | IGWOOD FL 32779  |   |                                      | 84   | City            |   | 85 Zip        | Code          |
|   |  |   |                                      |  | 1               | <u>FI</u>   |               |               |
| 11. Pursuant                            | to the provisions of Sections 607.050  | 02 and 607.1508, Florida Statu                                    | tes, the                             | above                                      | e-named o       | orporation submits this statement for the purpose of  | f changing it | registered    |
| office or r                             | registered agent, or both, in the State<br>im familiar with, and accept the obliga | of Florida. Such change was a<br>ations of, Section 607,0505, Flo | autnonze<br>orida Sta                | ea by<br>itutes                            | tne-corpor      | ation's board of directors. I hereby accept the appr  | munent as n   | gistered      |
|   |  |   |                                      |  |                 |   |               |               |
| SIGNATURE                               | Signature, typed or printed name of registered age                                 | ant and title if applicable (NOT                                  | E: Registere                         | d Agen                                     | 1 signature req | uired when reinstating) DATE  |               |               |
| 12.                                     |  | ND DIRECTORS  | 13                                   |  |                 | ADDITIONS/CHANGES TO OFFICERS A   |               |               |
| TITLE                                   | CPD  | ☐ DELETE  | 1.1 7                                | TITLE                                      |                 | V. β.   | ☐ Change      |               |
| NAME                                    | Shoher, Itzhak dr  |   | 1.2 1                                | MAME                                       |                 | Nick Azzara,  |               | ١.            |
| STREET ADDRESS                          | 9 GALGALEI HAPLADADA ST  |   | 1.3 5                                | STREET                                     | ADDRESS         | 2957 SR 434 100   |               | ·             |
| CITY-ST-ZIP                             | HERZLIA 46722 ISRAEL   | •   | 1.4 0                                | CITY-S                                     | T-ZIP           | Lanchood FL 32,779  |               |               |
| TITLE                                   | VCVD   | ☐ DELETE  | 2.11                                 | TITLE                                      |                 | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~  | Change        | ☐ Addition    |
| NAME                                    | WHITEMAN, AHRON  |   | 2.21                                 | MAME                                       | 1               |   |               | {             |
| STREET ADDRESS                          | 40 H DEDETT OT   |   | 235                                  | STREET                                     | T ADDRESS       | •   |               |               |
| [ ]                                     | PETACH TIKVA ISRAEL  |   |                                      | CITY-S                                     |                 |   | ,             | Į.            |
| CITY-ST-ZIP<br>TITLE                    | S  | □ DELETE  | _                                    | TITLE                                      | ,,-2,,          |   | Change        | ☐ Addition    |
|   | LIEBERSTEIN, EUGENE  |   |                                      | VAME                                       |                 |   | _ •           | _             |
| NAME                                    | MELLONG DIDGE DD   |   |                                      |  | T ADDRESS       |   |               | í             |
| STREET ADDRESS                          | STAMFORD CT 06903  |   |                                      |  |                 |   |               | į             |
| CITY-ST-ZIP                             | CEO  | ☐ DELETE  |                                      | CITY-S                                     | 11-ZIP          |   | Change        | Addition      |
| TITLE                                   | AZZARA, L M  |   |                                      |  |                 |   | ٠             |               |
| NAME                                    |  |   |                                      | NAME                                       |                 |   |               |               |
| STREET ADDRESS                          | 2957 SR 434, 100<br>LONGWOOD FL 32779  |   |                                      |  | r ADDRESS       |   |               |               |
| CITY-ST-ZIP                             | FONGWOOD PL 32//9  | F1 per exe  | _                                    | CITY-S'                                    | T-Z!P           |   |               |               |
|   |  |   |                                      | 1111 -                                     |                 |   | annen: II (   | [   Addition  |
| TITLE                                   |  | ☐ DELETE  |                                      |  | l               |   | Change        | Addition      |
| NAME                                    |  | ☐ DELETE  | 5.21                                 | NAME                                       | . *DOBECO       |   | Change        | Addition      |
| Į .                                     |  | ☐ DELETE  | 5.2 I<br>5.3 S                       | NAME<br>STREET                             | T ADDRESS       |   | Change        | Addition      |
| NAME                                    |  |   | 5.2 f<br>5.3 \$<br>5.4 ¢             | NAME<br>STREET<br>CITY-S                   | 1               |   |               |               |
| NAME<br>STREET ADDRESS                  |  | ☐ DELETE  | 5.2 f<br>5.3 s<br>5.4 c<br>6.1 l     | NAME<br>STREET<br>CITY-ST                  | 1               |   | Change        | ☐ Addition    |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |   | 5.21<br>5.35<br>5.40<br>6.11<br>6.21 | NAME<br>STREET<br>CITY-S'<br>TITLE<br>NAME | 1               |   |               |               |

14. 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 607, 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.

6.4 CITY-ST-ZIP

**SIGNATURE:** 

CITY-ST-ZIP

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