## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION



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

ANNUAL REPORT
1996

DOCUN 1. Corporation	Name	42 (6)					
ARM R	IEALTY, INC.						
Principal Place of Business Mailing Address					ı idalili nanı ibini ibidi ilibil bia		14011 01011 01011 4001
2190 E. 11T)		2190 E. 11TH AVE	2190 E. 11TH AVE				
HIALEAH FL	33013-4308	HIALEAH FL 33013-4	308				
					3. Date Incorporated or Qualified	3a. Date of Last	
					03/01/1984	05/01/	<del>,</del>
2. Principal Plac	ce of Business	2a. Mailing Address			4. FEI Number 59-2396696	-	Applied For
21 Suite, Apt. #	. etc	Suite, Apt. #, etc.	and the common and the common common common are the common common and are common		5 Coefficient of Status Decical Section 5		Not Applicable
22	. • • • • • • • • • • • • • • • • • • •	27			5. Certificate of Status Desired	1	Required
City & State		City & State	<u> </u>		6. Election Campaign Financing	<b> \$5.</b>	<b>00</b> May Be
23		28			Trust Fund Contribution		led to Fees
Ζ <sub>Ι</sub> ρ	Country	Zip	Country		8. This corporation has liability for	<sup>-</sup>	s 199.032,
24	25 9. Name and Address of Curre	29	30		Florida Statutes Yes  10. Name and Address of New F		
	g, Haine and Address of Cont	in registered Agent	81	Name	IV. Haile and Address of New F	egistered Agent	
YAVNEL	I CHRI		-				
	AST 11 AVENUE		82	Street Addre	ess (P.O. Box Number is Not Acceptab	116)	1
HIALEA			83				
			84	City		85	Z <sub>i</sub> p Code
			104	City		FL  °°	Zip Code
familiar with	the provisions of Sections 607.050 id agent, or both, in the State of Flo n, and accept the obligations of, Sec	92 and 607.1508, Florida Statut rida. Such change was authoriz ction 607.0505, Florida Statutes	tes, the above-r zed by the corp s	named corpori oration's boar	ation submits this statement for the pui d of directors. I hereby accept the app	pose of changing its pintment as register	s registered office ed agent I am
SIGNATURE _	ignature, typed or printed han e of registered ag-	Cland the diapplication (Ne	O1c Fragistered Ag⊷i	t signature required	I when renelating)	DATE	
12.	······	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF		
TITLE	_		1.101.6			☐ Change	e 🔲 Addition
NAME		YAVNIELI, GURI 12N					1
STREET ADDRESS	2190 E. 11TH AVE			SZARDDA			İ
CITY-ST-ZIP TITLE	HIALEAH FL STD	DELETE	14 CHY-S 2 1 TULE	r - ZiP		Change	e Add-tion
NAME	YAVNIELI, LOIS		2 2 NAME			L_J onling	, 1 /100-11011
STREET ADDRESS	2190 E. 11TH AVE			ADDRESS			
CITY - S1 - ZIP	HIALEAH FL		2 4 CiTy - S				
TITLE		☐ DELETE				☐ Change	e 🔲 Addition
NAME			3.2 NAME				ļ
STREET ADDRESS			33 S'REF	ADDHESS			
CITY-ST-ZIP			3 4 CHTY - S	I - ZIF			
TITLE	DELETE		4 1 HIFLE		Change Addition		
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET				
CITY-ST-7IP TITLE	Para		4,4 CITY S 5 1 TITLE	1 · ZIF		[7] Chang	e [] Addition
NAME			5.2 NAME			LI shang	
STREET ADDRESS			5.3 STREET	ADORESS			
CITY-ST-ZIP			5.4 Cily - S	ŀ			
TITLE	☐ DELFTE		6 1 TILE		THE COURSE OF SECURITY OF THE PROPERTY OF THE	☐ Chang	e 🔲 Addition
NAME			6.2 N4ME				
STREET ADDRESS			63 STREET	ADDRESS			
CHY-ST ZIP	The state of the s	* (** ( ) * (*) ( ) ( ) ( ) ( ) ( ) ( )	6.4 CiTY - S				
14. I do hereby	certify that the information supplied	l with this filing is voluntarily fun	nished and doe	s not qualify fo	or the exemption stated in Section 119	.07(3)(k), Florida Sta	lutes. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Da<sub>z</sub>tinie Ptrone ≇

CR2E034 (12/95)