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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996 **DOCUMENT #**

H13517

(8)

MALKA SILK, INC.

1. Corporation Name

minorpairmabe or business	
5524 CONSTANT SPRING	TERR
LAUDERHILL EL 33319	

Mailing Address

5524 CONSTANT SPRING TERR



ENOUGHNILI	L LL 20213		LAUDERHILL FL 33319								
.	· - · · · · · · · · · · · · · · · · · ·						3. Date Incorporated or Qualified 07/24/1984	3a. Date	of Last /30/18		
r · i	Place of Business	⊢	a. Mailing Address				4. FEI Number	·	Ī	Applied For	
[21]		26					59-2429517	-		Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired			75 Additional e Required		
City & Sta	ite		City & State			6. Election Campaign Financing	00 May Be				
23 Zip	T	28	J	т			Trust Fund Contribution	<u> </u>	Add	ded to Fees	
24	Co.i		- <i>Z</i> ₁ p .1		untry		8. This corporation has liability for i		x under	s 199.032,	
		29 dress of Current Reg	JI .	30	1		Florida Statutes Yes	□No			
			istores Agent	··	81	Name	10. Name and Address of New R	egistered /	gent		
SILK, M	IAI KA										
	onstant SPG Tea	2D #212			82 Street Address (P.O. Box Number is Not Acceptable)						
	RHILL 33319	IN #213			В3	ļ. 					
LAUDLI	W NEE 000 19										
					84	City			85 2	Zip Code	
11. Pursuant	to the provisions of Se	actions 607,0502 and 6	07 1508 Florida Statute	s the abo	0/0-5	aniad corpor	ation submits this statement for the pur	FL	بلل		
				d by the	corp	oration's boar	ation submits this statement for the purp d of directors. I hereby accept the appo	oose or chai intment a s i	nging its registere	i registered office. 3d agent: I am	
	nin, and accept the ob-	igations of, Section 60	7.0505, Florida Statutes.						•		
SIGNATURE	Skjudare is ped or printed ha	n clof registered agent and tric	if annitrable (NOT	t Begisterer	d Agen	t signature required	Lutur renetation	DATE			
12.		OFFICERS AND DIRE		13.		s agradore regarrad	ADDITIONS/CHANGES TO OFFI		DIRECT	ODS IN 12	
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NAM:	SILK, MALKA			1.2 N	LAME			_) Onlings		
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NAME				6 2 NA	AM₹					<u> </u>	
STREET ADDRESS						ADDRESS					
CHTY - \$1 - 71r'					ITY-ST						
14. I do heret.	y certify that the inform	nation supplied with the	s filino is voluntarily furnis				the exemption stated in Section 110 0	7/2\/\\\ Elosi	do Ctat	don I dueber	

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: Milka Suk SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR