## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # H75173**

1. Corporation							1
RKYR	EALTY CORP.						A SECTION AND ASSESSMENT OF SECTION SE
Dringing Bloom	of Business		alling Address				
Principal Place of Business 2190 EAST 11TH AVENUE			2190 EAST 11TH AVENUE				*
HIALEAH FL 33013			HIALEAH FL 33013				
							DO NOT WRITE IN THIS SPACE
							3. Date Incorporated or Qualified 09/04/1985
2. Principal Place of Business			2a. Mailing Address				4. FEI Number Applied For
21			26				59-2591269   Not Applicable   \$8.75 Additional
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired Fee Required
City & State			City & State				s Election Campaign Financing \$5.00 May Ro
23			28				Trust Fund Contribution Added to Fees
Zip	Country	1=-1	Zip	Coun	try		This corporation owes the current year Intangible
24	25	29	30	0			Personal Property Tax.
	9. Name and Address of Curren	Regis	tered Agent		- T		10. Name and Address of New Registered Agent
VANA	WELL CLIDS			1	81	Name	YAVNIELI GURI
yavnieli, guri 2190 East 11 <b>Th aven</b> ue				82 Street Addre			Address (P.O. Box Number is Not Acceptable)
HIALEAH FL 33013				ļ.,	83		9201 S.W 102 =
TIALEATT E 00015							
				1	84	City	HIMMI FL 85 Zip Code 33176
44 5	4 Continue 607 0507	and 6	07 1509 Florido Statutos	the ab			
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 foligations of, Section 607.0505, Florida Statutes.							
agent. I ai	m familiar with, and accept the obligat	ions of	, Section 607.0505, Florida	a Statui	ies,		21,5199
SIGNATURE	Signature, typed or frinted name of registered agen	t and title	if applicable. (NOTE: Re	gistered A	gent	t signature re	equired when reinstating) DATE
12.	OFFICERS AN		CTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	D DELETE			1.1 TITLE		PRESIDENT D'Change Addition
NAME	RABINER, BEN	BEN 1.		1.2 NAM	1.2 NAME		YAVNIELI GURI
STREET ADDRESS	7441 WAYNE AVE. #10K			1.3 STREET ADDRESS			9261 S.W 102 ST
CITY-ST-ZIP	MIAMI BEACH FL 33141			1.4 CITY-ST-ZIP		-ZIP	MIAMI FLA 33176
TITLE	STD		☐ DELETE	2.1 TTTLE			ST D、
NAME	YAVNIELI, GURI		2.2 NAME		İ	YAVNIEU LOIS	
STREET ADDRESS	9261 S.W. 102ND STREET		2.3 STREET ADDRESS		ADDRESS	9261 S.W 102 ST	
CITY-ST-ZIP	MAMI FL		2. 4 CITY-ST-ZIP		T-ZIP	Change Addition	
TITLE			☐ DELETE	3.1 TITL			Claride - Tyddrini
NAME	i		3.2 NAME				
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP			DELETE	3.4. CITY- 4.1 TITLE		T-ZIP	Change Addition
TITLE			□ Nere Ie	4.1 IIIL 4. 2 NA			
NAME						ADDRESS	
STREET ADDRESS				4.3 STR			
CITY-ST-ZIP			☐ DELETE	5.1 TITL		1-2P	Change Addition
HILE			_ >====================================	J. 1 771L			

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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ DELETE

Change

Addition

Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90056 034 \*\*\*150.00