`FILE	NOW: FILING FEE	AFTER M	AY 1 IS	\$225.	00			
	OFIT		ORIDA DEPARTM					
	CORPORATION Sandra I			. Mortham				
	L REPORT	<i>)</i>	Secretary o IVISION OF COF		NS			
	996					· v —		
DOCUM 1. Corporation N		93	(0)					
'MABA	ENTERPRISES, INC.					n nadiant dini kadia dina biala laia	A 1510 CSEN BIBLI BIBLI	BARA BARA BARA BARA
Principal Place of	Business	Mailing Ado	Iress					
3620 N. 53RD AVE.			3620 N. 53RD AVE. HOLLYWOOD FL 33021					
HOLLYWOOD FL 33021			POLETITODO FE SACE.		Date Incorporated or Qualified	3a. Date of Las	t Report	
						09/16/1985	08/15	
2. Principal Plac	e of Business	2a. Mailing	Address			4. FEI Number 65-0015622		Applied For Not Applicable
21 Suite, Apt. #,	etc.	26 Suite, A	pt. #, etc.			5. Certificate of Status Desired		75 Additional
22		27				6. Election Campaign Financing	F6	ee Required  .00 May Be
City & State		28	City & State			Trust Fund Contribution	□ Ac	dded to Fees
Zıp	Country 25	7 p	3	_ Country ก		This corporation has liability for in Florida Statutes      X Yes	itangible tax unde	rs 199.032,
24	9. Name and Address of Curren					10. Name and Address of New Ro	gistered Agent	
				81	Name			
	AMNON 53RD AVE.			82	Street Add	dress (P.O. Box Number is Not Acceptabl	e)	
	VOOD FL 33021			83				
				84	City		EI 85	Zip Code
11 Pureupot to	the provisions of Sections 607 0502	and 607.1508.	Florida Statutes,	the above-r	named corp	oration submits this statement for the pur	pose of changing	its registered office
or registerer	d agent, or both, in the State of Flori and accept the obligations of Sect	ida Such change tion 607,0505, FI	was authorized l orida Statutes	by the corp	oration's bo	oration submits this statement for the pur lard of directors. Thereby accept the appo	untment as registe	ered agent, rani
CIONATURE						med when metastatings	DATE	
12.	granue Typed or prived out a lot registered also.  OFFICERS AN	ID DIRECTORS	(4018	13.	1 SIGN 2000 PROD	ADDITIONS/CHANGES TO OFFI	CERS AND DIRE	
TITLE	DPST		DELETE	1 1 1/1/16			☐ Char	nge 🔲 Addition
NAME	GOLAN, AMNON			1.2 NAME				
STREET ADDRESS 3620 N 53RD AVE.					ADDRESS			
CITY - ST - ZIP TITLE	HOLLYWOOD FL 33021		DELETE	1.4 Off y - 5 2.1 THEF	51-2ir		Cha	nge 🔲 Addition
NAME		•		2.2 NAME				
STREET ADDRESS				2 3 S1HEF	ADDRESS			
CITY-ST-ZIP				2.4 CH Y - 1	ST - ZIP		Cha	inge 🔲 Addition
TITLE		l	DEFELE	3 1 TIFLE 3 2 NAME			ر	a. C
NAME					L ADDRESS			
STREET ADDRESS  CITY-ST-ZIP				3.4 GITY -	1			
TITLE		1	DELETE	4 1 Tifuf			Cha	ange   Addition
NAME				42 NAME				
STREET ADDRESS					I ADDRESS			
CITY-ST-ZIP			רז חבירוי	4 4 CHY -		<b>1000018</b> -05/13/96010	1 <del>7581</del>	ange 🔲 Addition
TITLE			DELETE	5 1 1 ELE	i	-05/13/96010	J110 <del>4</del> 1***	
NAME				5.2 NAME	LADODEC	***200.00		
STREET ADDRESS					LADORESS ST. 209			
CITY-ST-7IP			DELETE	5.4 CITY - 6.1 T:TLE			Chi	ange
TATLE			Lund	6.2 NAME	1			
NAME STREET ADDRESS					RESERVE TE			
SINEEL WADDEDS					1			

6.4 CITY - ST - ZIP

SIGNATURE:

SIGNATURE AND TIPED OR PRINCES NAME OF SIGNING OFFICER OR DIRECTOR

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the elemption stated in Saction 119.07(3)(k). 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 changes or on an attachment with a fluidness. 4/26/96 954-981-0700 SG-5-1-96

CR2E034 (12/95)