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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #

K50310

(7)

E.K. PROPERTIES, INC.

Principal Place	of Business	Mailing Address				1 41011 41011 1001
2030 N.W. 95 Miami Fl 331		2030 N.W. 95TH AVE. MIAMI FL 33172				
				3. Date Incorporated or Qualified 12/09/1988	3a. Date of Last F 02/06/19	
2. Principal Pia 21	ice of Business	2a. Maling Address		4. FEI Number 65-0095155	├ ──-}	Applied For Not Applicable
Suite. Apt. #	, etc	Suite, Apt #, etc.		5. Certificate of Status Desired	¥	5 Additional Required
City & State		Oty & State		Election Campaign Financing Trust Fund Contribution		00 May Be
23 Ζιρ	Country	7 _{(p}	Country	This corporation has liability for		ed to Fees 199.032,
24	25	[29]	[30]		s No	
	9. Name and Address of Cur	rent Registered Agent	81 Name	10. Name and Address of New	Registered Agent	
ENGEL,	NUGHE					
	W. 95TH AVE.		82 Street Add	lress (P.O. Box Number is Not Accepta	ıble)	
MIAMI F			83			
***************************************	L 0011L		84 City		85 Z	'φ Code
			D4 Oily		FL °° °	ip code
familiar wit	n, and accept the obligations of S Synator, typed or penter have of asymbol of	lection 607.0505, Florida Statute	S P.H.: 14 genore (Agend signature record		DATE	
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OF		
TITLE	PSD ENGEL, MOSHE	☐ DELETE	1 TITLE		☐ Change	Addition
NAME EXPERT + DEVISES	2030 N.W. 95TH AVE.		1.2 NAME 1.3 STREET ADDRESS			
STREET ADDRESS CITY-ST-ZiP	MIAMI FL 33172		1.4 C TY - ST - ZIF			
THLE		[] DELETE	2 1 TITLE		Change	Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			24 CITV - ST - 7IP			
TITLE		DELETE.	3 1 DTLE		☐ Change	☐ Addit∙on
NAME STOCK ADDRESS			3.2 NAME 3.3 STREET ADDRESS			
STREET ADDRESS CITY - S1 - ZIP			3.3 STREE - AUDRESS 3.4 CITY - ST - ZIP			
TITLE		☐ DELETE	4 1 TITLE		☐ Change	Add-tion
NAME			12 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
City-St-ZiP			4.4 CITY - ST - ZIF		.	
TITLE		☐ DELETE	5 1 TITLE		☐ Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CHTY-ST ZIP		DELFTE	54 C(TY - S1 - Z(P) 6 1 T(TLE		Change	Addition
NAME			62 NAME		L. 0. ango	, , , , , , , , , , , , , , , , , , , ,
STREET ADDRESS			6.3 STREET ADDRESS			
CITY - ST - ZIP			64 CHTY - \$1 - ZIP			
14. Ldo hereb	y certify that the information suppl	ied with this fring is voluntarily v	mished and does not qualify	for the exemption stated in Section 11	9.07(3)(k), Florida Stat	utes. I further
14. I do hereb	the information indicated on this a	anvustrenort of supplemental all	rnished and does not qualify	for the exemption stated in Section 11 rate and that my signature shall have the his report as required by Chapter 607,	ne same legal effect as	ut made u

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/95

305-597-628)

CR2E034 (12/95)