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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCLIMENT # **LO0407**

/71

2. Principal Place of Business 2. Mailing Address 2. Mailing Address 2. Mailing Address 3. Mailing Address 4. FEI Number 65-0183240 Not Applicable Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.75 Additional Fee Required Fee	1. Corporation SWE Principal Place 4040 N. 36	ET ROSE CORPORATION									
2. Principal Place of Business							 Date Incorporated or Qualified 06/28/1989 	ı		•	
State Apt #, etc. 23		ace of Business	2a. Mailing Addre	oss			4. FEI Number	<u> </u>			
27							65-0183240			Not Applicable	•
Country		#, etc.	* · · · · · ·	etc.			5. Certificate of Status Desired				
28		?					6. Election Campaign Financing				
26	23		28								
10, Name and Address of New Received Agent 10, Name and Addres		h	h	├ ──	ountry			intangible ta	under s	199.032,	
SARFATI, DAVID 4040 N. 36TH AVENUE HOLLYWOOD FL 33021 83 Stroot Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zep Code Stroot Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zep Code Stroot Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zep Code Stroot Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zep Code Stroot Address (P.O. Box Number is Not Acceptable) 85 Zep Code Stroot Address (P.O. Box Number is Not Acceptable) 85 Zep Code Stroot Address (P.O. Box Number is Not Acceptable) 85 Zep Code Stroot Address (P.O. Box Number is Not Acceptable) 85 Zep Code Stroot Address (P.O. Box Number is Not Acceptable) 85 Zep Code Stroot Address (P.O. Box Number is Not Acceptable) 85 Zep Code Stroot Address (P.O. Box Number is Not Acceptable) 85 Zep Code Stroot Address (P.O. Box Number is Not Acceptable) 85 Zep Code Stroot Address (P.O. Box Number is Not Acceptable) 85 Zep Code Stroot Address (P.O. Box Number is Not Acceptable) 85 Zep Code Stroot Address (P.O. Box Number is Not Acceptable) 85 Zep Code Stroot Address (P.O. Box Number is Not Acceptable) 85 Zep Code Stroot Address (P.O. Box Number is Not Acceptable) 85 Zep Code Stroot Address (P.O. Box Number is Not Acceptable) 85 Zep Code Stroot Address (P.O. Box Number is Not Acceptable) 85 Zep Code Stroot Address (P.O. Box Number is Not Acceptable) 85 Zep Code Stroot Address (P.O. Box Number is Not Acceptable) 85 Zep Code Stroot Address (P.O. Box Number is Not Acceptable) 85 Zep Code Stroot Address (P.O. Box Number is Not Acceptable) 85 Zep Code Stroot Address (P.O. Box Number is Not Acceptable) 85 Zep Code Stroot Address (P.O. Box Number is Not Acceptable) 85 Zep Code Stroot Acceptable (P.O. Box Number is Not Acceptable) 85 Zep Code Stroot Acceptable (P.O. Box Number is Not Acceptable) 85 Zep Code Stroot Acceptable (P.O. Box Number is	[24]			[30]	-						4
Add N					81	Name	IO. Name and Address of New H	iedisteren y	gent		-
Add N. 36TH AVENUE	SARFA	ATI, DAVID			82	Ctroot Addr	one (P.O. Boy Number is Not Assessed	\a\			_
The provisions of Sections 607,0502 and 807,1508, Florids 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 Florids. Such change was subhorized by the corporation's board of directors. I hereby accept the appointment as registered office penalty, and accept the obligations of Section 607,0502, Florids Statutes, the above named of directors. I hereby accept the appointment as registered office penalty, and accept the obligations of Section 607,0502, Florids Statutes, the above named of directors. I hereby accept the appointment as registered office penalty, and accept the obligations of Section 607,0502, Florids Statutes, the above named after remaiding. 12	4040 1	N. 36TH AVENUE			Ľ	Street Addin	ess (r.o. box number is not acceptab	ile)			
The 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 of registered again, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I heroby accept the appointment as registered office fluridary with, and accept the obligations of Science 607.0567, knorida Statutes SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Nam SARFATI, DAVID 12. NamE SARFATI, DAVID 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Nam SARFATI, DAVID 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Nam SARFATI, DAVID 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Nam SARFATI, DAVID 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Nam SARFATI, DAVID 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Nam SARFATI, DAVID 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Nam SARFATI, DAVID 14.00°-57-2P 10.6 10	HOLLY	WOOD FL 33021			83						
1.1 Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above named corporation's submits this statement for the purpose of changing its registered office for registered appart, to the final succept the obligations of, Section 607.0500, Florida Statutes 1.2 Section 1.2					84	City			85 Z	ip Code	
SIGNATURE	11. Pursuant t or register	o the provisions of Sections 607.05 ed agont, or both, in the State of Fk	02 and 607.1508, Florida orida. Such change was	Statutes, the ab	Dove-n	arned corpora	ation submits this statement for the pur	pose of cha	nging its	registered office	е
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1 1 1 1 1 1 1 1 1		h, and accept the obligations of, Se	ection 607.0505, Florida 9	Statutes.	·				09.010.00	2 09 2 11. 1 12.11	
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 10 10 11 10 12 10 10	SIGNATURE _	Signature, typed or printed name of registered ag	orT and title if application	(NOTE: Registere	ed Agent	t signature required	I when reinstaling)	DATE			. _
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STREET ADDRESS 6.3 STREET ADDRESS								L	. nuerile		
						ADDRESS					

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 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 changed or on an attachment with an address.

SIGNATURE:

SIGNING OFFICER OF DIRECTOR

2/27/94 954-967-9065 Date 954-967-9065