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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Jan 16 1998 8:00am Secretary of State

 Corporation 	MENT # L66495 SA INC.	5 (7)			
Ain Ud	oa ino.				
Principal Plac	e of Business	Mailing Address			NI CICII DINI GINI GINI EINI LAN
C/O SHMOU 4715 JACKSO HOLLYWOOD	EL MOSHE ON STREET	C/O SHMOUEL MOSHE 4715 JACKSON STREET HOLLYWOOD FL 33021		DO NOT WRITE IN THIS	S SPACE
				3. Date Incorporated or Qualified 04/16/1990	
21 921	S ATL RO		rk RD	4. FEI Number 65-0190506	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	anwood	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 F.	() Country - 3302) 25 のいいかい	29 Zip 3302)30	BROWARD	8. This corporation owes or has paid the corporation of the corp	Ø les □ No
	9. Name and Address of Current	t Registered Agent		10. Name and Address of New Registered	Agent
	OSHE, SHMOUEL		81 Name		
	15 Jackson Street Ollywood FL 33021		82 Street Ad	ddress (P.O. Box Number is Not Acceptable)	
110	DE11100D 1 E 00021		83		
			84 City		85 Zip Code
11. Pursuant office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State	2 and 607.1508, Florida Statutes, of Florida. Such change was aut	the above-named o	orporation submits this statement for the purpose viration's board of directors. I hereby accept the ap	
agent, i a SIGNATURE					
	Signature, typed or printed name of registered ager		egistered Agent signature re		ID DIDECTORS IN 10
12.	OFFICERS AND	DELETE DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
TITLE	MOSHE, SHMOUEL	_ BLEETE	1.2 NAME		Onlying
NAME	4715 JACKSON ST.		1,3 STREET ADDRESS	1775, 921 S. Park RD.];
STREET ADDRESS	HOLLYWOOD FL			Hallyung FC 33023	;
CITY-ST-ZIP TITLE	TICLET TICOD TE	DELETE	1,4 CITY-ST-ZIP 2.1 TITLE	PAGINAMOR IC 23003	Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
			2. 4 CITY - ST- ZIP		
CITY - ST - ZIP		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		-
STREET ADDRESS			5.3 STREET ADDRESS		ŧ
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
CEDEET YOURES			E 2 STREET ARRIBESS		

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 argain and that my name appears in Block 12 or Block 13 if changed, or on argain and 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 argain and 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 argain and 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.