

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

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Mar 12, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M08662

1. Corporation Name
GENERAL FORMING CORPORATON



Principal Place of Business
1150 KANE CONCOURSE
3RD FLOOR
BAY HARBOR ISLANDS FL 33154
4115 NW 132 STREET
OPA LOCKA, FL 33054

Mailing Address
1150 KANE CONCOURSE
3RD FLOOR
BAY HARBOR ISLANDS FL 33154
BAY O

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 12/06/1984	4. FEI Number 59-2472004	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent SF & NE RESIDENT AGENTS, INC. SE FINANCIAL CENTER 200 S BISCAYNE BLVD #4310 MIAMI FL 33137	10. Name and Address of New Registered Agent 81 Name SABY BEHAR 82 Street Address (P.O. Box Number is Not Acceptable) 4115 NW 132 STREET 83 BAY O 84 City OPA LOCKA 85 Zip Code FL 33054
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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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS	1.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	VAINSTEIN, GODY	1.2 NAME	
STREET ADDRESS	10040 GRIFFING BLVD	1.3 STREET ADDRESS	4115 NW 132 ST BAY O
CITY-ST-ZIP	N MIAMI FL	1.4 CITY-ST-ZIP	OPA LOCKA, FL 33054
TITLE	VT	2.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	BEHAR, SABY	2.2 NAME	
STREET ADDRESS	1150 KANE CONCOURSE	2.3 STREET ADDRESS	4115 NW 132 STREET
CITY-ST-ZIP	BAY HBR ISL FL	2.4 CITY-ST-ZIP	OPA LOCKA, FL 33054
TITLE		3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)