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

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Principal Place	of Business	Mailing Address				119 \$111 \$1011 B1611	1 21011 Q12() (01911 01811 136 1
10556 NW 26 STREET #203 10556 NW 26 STREET MIAMI FL 33172 MIAMI FL 33172								
					3. Date Incorporated or Qualified 10/23/1985	3a. Date	of Last Re	•
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number			pplied For
		26			59-2601814			lot Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		T	Additional Required
City & State		City & State	· ·		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zip	Country	Zip	Count	try	8. This corporation has liability for	r intangible tax		
4	25	29	30			s 🗌 No		· · · · · · · · · · · · · · · · · · ·
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New	Registered A	gent	
			8	Name				
	RO, JOSE A. P.A.		8	Street Add	iress (P.O. Box Number is Not Accepta	able)		
7950 W. FLAGLER ST. SUITE 104								
			1	13				
MIAMI F	L 33144		Ē	4 City		FL	85 Zip	Code
or register	ed agent, or both, in the State of Flor	ida. Such change was author	леs, the above ized by the co	e-named corpo irporation's boa	ration submits this statement for the peard of directors. Thereby accept the ap	oointment as i	reaistered	agent. I am
familiar wit SIGNATURE	ed agent, or both, in the State of Flor th, and accept the obligations of, Sec Stynature, typed or printed name of registered age:	otion 607,0505, Florida Statute	es.	e-named corpo irporation's boa gant signature require	ration submits this statement for the p ard of directors. I hereby accept the ap	pointment as i	registered	agent. I am
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14. If do nereby certify that the information supplied with this filing is voluntarily furnished and obes not qualify for the exemption stated in Section 19.07(s)(n), notical statutes. Notice 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 cath, 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 shanged or an attachment with an address.

Nativ, Yitzhak

4-24-96 (305) 594-5969

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR