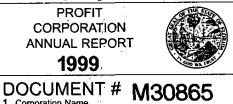
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999

HEBREPAM FINANCIAL SERVICES INC.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 20, 1999 8:00 am Secretary of State 04-20-1999 90167 017 ***150.00

dress	(1981-1901 1981 (1911 office) torifo shigh said a sign should share a said share

Principal Place	of Business	Mailing Address				NI BIBIS BIBN BIBN A	.i.ti)	
C/O SILVERMAN & VICENS 1550 MADRUGA #406 1550 MADRUGA #406 CORAL GABLES FL 33146 CORAL GABLES FL 33146				DO NOT WRITE IN THIS SPACE				
1					3. Date Incorporated or Qualifed			
					04/22/1986			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	<u> </u>	plied For	
21	·	26			59-2660648		t Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 22 City & State			5. Certificate of Status Desired	\$8.75 A Fee Re	quired			
City & State City & State 28			6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees					
Zip	Country	Zip			8. This corporation owes the current year Intangible			
24	25	29	30		Personal Property Tax. Yes No			
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Register	ed Agent		
				81 Name			}	
	ns, rolando Silverman & Vicens			82 Street	street Address (P.O. Box Number is Not Acceptable)			
	MADRUGA #406			83				
	AL GABLES FL 33146							
	•			84 City		EL 85 Zip C		
office or re	to the provisions of Sections 607.05 egistered agent, or both, in the State in familiar with, and accept the oblig	of Florida, Such change was a	authorized	i ov tne corbi	corporation submits this statement for the purpose oration's board of directors. I hereby accept the ap	i of changing its pointment as req	registered gistered	
SIGNATURE								
SIGIVATORE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOT		Agent signature r	required when reinstating) OATE		NDC IN 42	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	Change	Addition	
TITLE •	DP	DELETE	1.1 TT					
NAME	PAMUCINA, HELGA	40.4 F	1.2 N/	=				
STREET ADDRESS	4201 CATHEDRAL AVE, N.W.,	401-E		REET ADDRESS		•	.	
CITY-ST-ZIP	WASHINGTON D.	☐ DELETE	_	TY-ST-ZIP		Change	Addition	
TITLE	DV	["] DEFEIE	2.1 TT					
NAME	PAMUCINA, DRAGO	***** E	2.2 N/					
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NAME			3.2 N/		'			
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NAME			4.2 N				ĺ	
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NAME			5.2 N		·]	
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TITLE	٠,	☐ DELETE				Change		
NAME			6.2 N				İ	
STREET ADDRESS			4	TREET ADDRESS				
CITY-ST-ZIP		•	6.4 CI	TY-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 attactment with an address, with all other like empowered.

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