

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

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PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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PM 1997

97 OCT -9 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M65972 (5)

1. Corporation Name
TASHVIT INVESTMENT INC.



Principal Place of Business 1929 S. OAK HAVEN CIRCLE NORTH MIAMI FL 33179	Mailing Address 1929 S. OAK HAVEN CIRCLE NORTH MIAMI FL 33179
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 MIAMI Beach, FL 29 33160 Country 30 USA
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3. Date Incorporated or Qualified 01/22/1988	3a. Date of Last Report 05/29/1996
4. FEI Number 65-0066184	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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 or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SIAMA, SHLOMO
1929 S. OAK HAVEN CIRCLE
N. MIAMI FL 33179**

10. Name and Address of Now Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

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 _____ (Signature typed or printed name of registered agent and date of appointment) (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SIAMA, SHLOMO	
STREET ADDRESS	1929 S. OAK HAVEN CIRCLE	
CITY-ST-ZIP	N. MIAMI FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SIAMA, SUSAN	
STREET ADDRESS	1929 S. OAK HAVEN CIRCLE	
CITY-ST-ZIP	N. MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	800002321328--5
14 CITY-ST-ZIP	-10/15/97--01095--013
2.1 TITLE	*****165.00 *****165.00
2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	800002321328--5
3.4 CITY-ST-ZIP	-10/15/97--01095--014
4.1 TITLE	*****8.75 *****8.75
4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

JS 10/2/97

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(b), 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.

CR2E034 (4/97)

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SHLOMO SIAMA

17221 N.E. 11TH AVENUE
NORTH MIAMI BEACH, FLORIDA 33161

Division of Corporations
Annual Reports Section
P.O. Box 1500
Tallahassee, FL 32302-1500

**Re: Tashvit Investment, Inc.
Gav-Yam Development, Inc.**

Dear Sir or Madam:

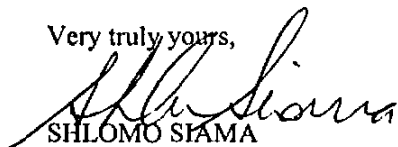
Enclosed please find annual reports for both Tashvit Investment, Inc. and Gav-Yam Development, Inc. I am also enclosing two checks, each in the amount of \$165.00, made payable to your office. While I understand that the current delinquency fee is \$750.00 to re-instate, please consider the following:

In November of 1996, I became estranged from my wife and moved out of my 1929 South Oak Haven Circle address in North Miami Beach and moved to my current address. My wife never gave me my mail, including the annual reports from your office.

I was shocked to just learn that the above corporations have been dissolved. I have both of these corporations for several years and never had any intentions of allowing them to lapse. Additionally, you will note that I have changed the locations of these corporations to reflect my new address. Please consider my unfortunate circumstances and waive the late fees. I can assure you that this will never happen again.

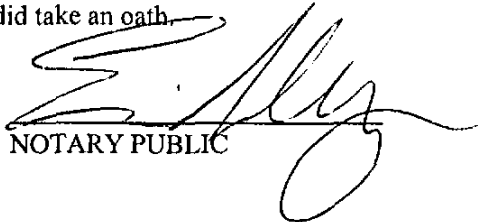
I sincerely thank you in advance for your cooperation in this regard and should you wish to discuss this matter further with me, you may call me at 305-785-0244.

Very truly yours,


SHLOMO SIAMA

STATE OF FLORIDA
COUNTY OF DADE

BEFORE ME on this 7th day of October, 1997, personally appeared Shlomo Siama, who after being fully sworn and deposed, stated that the foregoing is true and correct based upon his own personal knowledge. Mr. Siama is personally known to me and did take an oath.


NOTARY PUBLIC

