

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M90170

(5)

1. Corporation Name:

B.O.L. REALTY, INC.

Principal Place of Business

2001 COLLINS AVENUE
MIAMI BEACH FL 33140

Mailing Address

2001 COLLINS AVENUE
MIAMI BEACH FL 33140

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/19/1988

3a. Date of Last Report

04/28/1994

4. FEI Number

65-0062277

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. This corporation has liability for state tax under S. 190.001,

Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. # etc.

State, Apt. # etc.

22

27

City & State

City & State

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOAZIZ, MORDECHAI
4044 N. MERIDIAN AVENUE
MIAMI BEACH FL 33140

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 607.02(2)(b) and 607.15(8), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent as both in the State of Florida. Such change was authorized by the corporation's board of directors, thereby assent the appointment as registered agent. I am fully aware and accept the obligations of Sections 607.02(2)(b), Florida Statutes.

SIGNATURE

Print Name, Title, and Address of Registered Agent (If Registered Agent is a Corporation, Print Name, Title, and Address of Registered Agent's Registered Agent)

Signature

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	D
2. NAME	BOAZIZ, MORDECHAI
3. STREET ADDRESS	2001 COLLINS AVE., #1100
4. CITY, STATE, ZIP	MIAMI BEACH FL
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY, STATE, ZIP	
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY, STATE, ZIP	
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY, STATE, ZIP	

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, STATE, ZIP	
5. TITLE	☐ Change ☒ Addition
6. NAME	OZ, RAHMAN VP
7. STREET ADDRESS	1901 Collins Ave
8. CITY, STATE, ZIP	Miami Beach FL 33135
9. TITLE	☐ Change ☒ Addition
10. NAME	WARSHAWSKY, MOSHE Secretary
11. STREET ADDRESS	1901 Collins Ave
12. CITY, STATE, ZIP	Miami Beach, FL 33135
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, STATE, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, STATE, ZIP	

14. I hereby certify that the information supplied with this filing is accurately furnished and true and equally for the foregoing stated in Sections 607.02(2)(b), Florida Statutes. I further certify that the information furnished 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 liquidator empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or in a supplemental report with my address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-76-95

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