

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

FILED
Mar 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M94253** (5)
1. Corporation Name
MOISHE'S OF MONTREAL, INC.



Principal Place of Business 2500 HOLLYWOOD BLVD. #212 HOLLYWOOD FL 33020	Mailing Address 2500 HOLLYWOOD BLVD. #212 HOLLYWOOD FL 33020
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/15/1988	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 65-0122734	Applied For Not Applicable
23 Zip	24 Country	28 Zip	29 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

MANELLA, ROSS H
2500 HOLLYWOOD BLVD. #212
HOLLYWOOD FL 33020

81 Name	ROSS MANELLA, ROSS H.
82 Street Address (P.O. Box Number is Not Acceptable)	2500 Hollywood Blvd.
83	Suite #212
84 City	Hollywood
85 Zip Code	FL 33020

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 title if applicable

(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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIGHTER, BEATRICE	1.2 NAME	
STREET ADDRESS	3961 BLVD. ST LAURENT	1.3 STREET ADDRESS	
CITY-ST-ZIP	MONTREAL, QUEBEC H2W -1Y4	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIGHTER, BEATRICE	2.2 NAME	
STREET ADDRESS	3961 BLVD. ST LAURENT	2.3 STREET ADDRESS	
CITY-ST-ZIP	MONTREAL, QUEBEC H2W -1Y4	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VD	3.2 NAME	
STREET ADDRESS	LIGHTER, LEONARD	3.3 STREET ADDRESS	
CITY-ST-ZIP	3961 BLVD. ST LAURENT	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VD	4.2 NAME	
STREET ADDRESS	LIGHTER, LAWRENCE	4.3 STREET ADDRESS	
CITY-ST-ZIP	3961 BLVD. ST LAURENT	4.4 CITY-ST-ZIP	H2W 1Y4
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: *Beatrice Lighter* **BEATRICE LIGHTER** 1/9/98 3/9/98 95H-9253352

CR2E034 (10/97)