

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N30556** (7)

1. Corporation Name

LION OF JUDAH INTERNATIONAL, INC.



Principal Place of Business

P.O. BOX 69-3000
MIAMI FL 33169

Mailing Address

P.O. BOX 69-3000
MIAMI FL 33169

3. Date Incorporated or Qualified

02/08/1989

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 **1034 NW 215th ST**

26 **P.O. Box 69-3000**

4. FEI Number

65-0101354

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

22 Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 City & State

27 City & State

Miami, FL

Miami, FL

24 Zip Country

29 Zip Country

33179

25 America

33169

30 America

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MARBIN, EVAN R. ESQUIRE
626 N.E. 125TH ST.
NORTH MIAMI FL 33161**

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 617.0502 and 617.1508, 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 617.0503, 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

TITLE NAME ☐ DELETE

**PD
WALLS, W.J.
100 SW 83RD WAY, APT 202
PEMBROKE PINES FL**

TITLE NAME ☐ DELETE

**SD
WALLS, IZELLA
100 SW 83RD WAY, APT 202
PEMBROKE PINES FL**

TITLE NAME ☐ DELETE

**TD
MITAL, LYNZ
205 N.W. 120TH ST.
MIAMI FL 33168**

TITLE NAME ☐ DELETE

TITLE NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ DELETE

TITLE NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ DELETE

TITLE NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

**PD
WALLS, W.J.
4415 SW 153RD AVENUE
MIRAMAR, FL 33027**

2.1 TITLE ☐ Change ☐ Addition

**SD
WALLS, IZELLA
4415 SW 153RD AVENUE
MIRAMAR, FL 33027**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **IZELLA WALLS - IZELLA WALLS**

4-4-96

(305) 654-0133

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)