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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # N30556

(7)

LION OF JUDAH INTERNATIONAL, INC. Principal Place of Business Mailing Address							
Principal Place of Business	Mailing Address						
P.O. BOX 69-3000 MIAMI FL 33169	P.O. BOX 69-3000 MIAMI FL 33169						
				3. Date Incorporated or Qualified 02/08/1989	3a. Date o	f Last F)1/19	Report 95
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	<u>.</u>	A	pplied For
1034 NW 215th ST	26 P.O. Box	69-30	000	65-0101354			tot Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	_ \$		Additional
2	27						lequired
City & State	City & State 28 Miami, FL			Election Campaign Financing Trust Fund Contribution) May Be I to Fees
Miami, FL Country	Zip Zip	Countr	v	8. This corporation has liability for int	angible tax ur		
33179 25 America		30 Ame	•	Florida Statutes	Yes No		100.0021
9. Name and Address of Cu				10. Name and Address of New Reg	gistered Age	nt	
		81	Name				
MARBIN, EVAN R. ESQUIRE		82	Street Add	Iress (P.O. Box Number is Not Acceptable))		
626 N.E. 125TH ST.							
NORTH MIAMI FL 33161		83	3				
		84	City		8	5 Zip	Code
			-				
familiar with, and accept the obligations of,	Section 617.0503, Florida Statutes.						
SIGNATURE Signature, typed or printed name of registered	d agent and title II applicable (NO	TE: Registered Agr		oration submits this statement for the purporard of directors. Thereby accept the appoint when reinstaling) ADDITIONS/CHANGES TO OFFICE	DATE		
SIGNATURE Signature, typed or printed name of registered	d agent and title I applicable INO S AND DIRECTORS	TE: Registered Age	ent signature requin	ed when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIE		
SIGNATURE Signature, typed or printed name of registered 12. OFFICERS TITLE PD	d agent and title II applicable (NO	TE: Registered Agr	ent signature requir	ed when reinstating) ADDITIONS CHANGES TO OFFIC PD	DATE ERS AND DIE	Æ CTOF	RS IN 12
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certify that the information indicated on this annual report or supplemental annual report is true and accurate and that ny signature shall have the same legal effect as it made to 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 has appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: WALLS - T20/14 WALLS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-96

(305) 654-0133