

FILE NOW: FILING FEE IS \$61.25

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|---|---|---|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1999               |  | FLORIDA DEPARTMENT OF STATE<br>Katherine Harris<br>Secretary of State<br>DIVISION OF CORPORATIONS |
| <b>DOCUMENT # N30556</b>  |   |   |
| 1. Corporation Name<br><b>LION OF JUDAH INTERNATIONAL, INC.</b> |   |   |

|   |   |
|---|---|
| Principal Place of Business<br>1034 NW 215TH STREET<br>MIAMI FL 33179<br>US | Mailing Address<br>P.O. BOX 69-3000<br>MIAMI FL 33169<br>US |
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|--|--|---|
| 2. Principal Place of Business<br>21           | 2a. Mailing Address<br>26 <b>SAME AS ABOVE</b> | 3. Date Incorporated or Qualified<br>02/08/1989   |
| Suite, Apt. #, etc.<br>22 <b>SAME AS ABOVE</b> | Suite, Apt. #, etc.<br>27                      | 4. FEI Number<br>65-0101354 <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |
| City & State<br>23                             | City & State<br>28                             | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                    |
| Zip<br>24                                      | Zip<br>25                                      | 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees<br>Country<br>29<br>30  |

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|---|--|---|
| 9. Name and Address of Current Registered Agent<br><br><b>MARBIN, EVAN R. ESQUIRE<br/>626 N.E. 125TH ST.<br/>NORTH MIAMI FL 33161</b> |  | 10. Name and Address of New Registered Agent<br><br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City <b>FL</b> 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

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|--|---|--|
| 12. OFFICERS AND DIRECTORS                     |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD <input type="checkbox"/> DELETE<br>WALLS, W.J.<br>4415 SW 153RD AVENUE<br>MIRAMAR FL   | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD <input type="checkbox"/> DELETE<br>WALLS, IZELLA<br>4415 SW 153RD AVENUE<br>MIRAMAR FL | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD <input type="checkbox"/> DELETE<br>MITIAL, LYNZ<br>7521 ROMANA ST<br>MIRAMAR FL 33023  | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> DELETE   | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> DELETE   | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> DELETE   | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Izabella Walls* **REQUIRED** **1-29-99** **305/654-0133**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED  
Feb 13, 1999 8:00am  
Secretary of State

02-13-1999 90012 049 \*\*\*\*\*61.25



CR2E037 (11/98)