

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$395)

**NONPROFIT
CORPORATION
ANNUAL REPORT
1995**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL 17 AM 8:53

DOCUMENT # N31636 (6)

1. Corporation Name

HACNOSSAS KALLAH CORPORATION

Principal Place of Business

Mailing Address

% BARBARA BOSEM DAHAV
 1400 LENOX AVENUE
 MIAMI BEACH FL 33139
 US

% BARBARA BOSEM DAHAV
 1400 LENOX AVENUE
 MIAMI BEACH FL 33139
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/07/1989

3a. Date of Last Report

07/26/1994

4. FEI Number

65-0186078

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. Nonprofit with IRS 501(c)(3)
 Tax Exempt Status

☐

**FILING FEE IS
\$61.25**

8. This corporation has liability for intangible tax under s. 190.032,
 Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAHAV, BARBARA BOSEM
 1400 LENOX AVENUE
 MIAMI BEACH FL 33139

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 his or her address

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DS
NAME	BISTON, BAYLA
STREET ADDRESS	1335 LENOX AVENUE
CITY - ST - ZIP	MIAMI BEACH FL
TITLE	DT
NAME	DAHAV, BARBARA BOSEM
STREET ADDRESS	1400 LENOX AVENUE
CITY - ST - ZIP	MIAMI BEACH FL
TITLE	D
NAME	SHOCHET, BATSHEVA
STREET ADDRESS	1035 14TH ST.
CITY - ST - ZIP	MIAMI BEACH FL
TITLE	DP
NAME	LEHRFIELD, MIRIAM
STREET ADDRESS	1335 NE 171 STREET
CITY - ST - ZIP	N. MIAMI BEACH FL
TITLE	D
NAME	MAYBERG, JUDY
STREET ADDRESS	4433 N. BAY RD.
CITY - ST - ZIP	MIAMI BEACH FL
TITLE	D
NAME	SHAPIRO, BARBARA
STREET ADDRESS	3711 PRAIRIE AVENUE
CITY - ST - ZIP	MIAMI BEACH FL

11 TITLE	☒ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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 110.07(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:

Barbara Bosm Dahav
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 BARBARA BOSEM DAHAV

7/12/95

305-552-7844