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FILED

Jan 21 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**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 33139-3822
US3. Date Incorporated or Qualified
04/07/19893a. Date of Last Report
01/31/1996

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**8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

28 Zip

Country

Country

24

29

Country

Country

25

30

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 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 DS ☐ DELETE
NAME BISTON, BAYLA
STREET ADDRESS 1335 LENOX AVENUE
CITY - ST - ZIP MIAMI BEACH FL1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIPTITLE DT ☐ DELETE
NAME DAHAV, BARBARA BOSEM
STREET ADDRESS 1400 LENOX AVENUE
CITY - ST - ZIP MIAMI BEACH FL2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIPTITLE D ☐ DELETE
NAME SHOCHET, BATSHEVA
STREET ADDRESS 1035 14TH ST.
CITY - ST - ZIP MIAMI BEACH FL3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIPTITLE DP ☐ DELETE
NAME LEHRFIELD, MIRIAM
STREET ADDRESS 1335 NE 171 STREET
CITY - ST - ZIP N. MIAMI BEACH FL4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIPTITLE D ☐ DELETE
NAME MAYBERG, JUDY
STREET ADDRESS 4433 N. BAY RD.
CITY - ST - ZIP MIAMI BEACH FL5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIPTITLE D ☐ DELETE
NAME SHAPIRO, BARBARA
STREET ADDRESS 3711 PRAIRIE AVENUE
CITY - ST - ZIP MIAMI BEACH FL6.1 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 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.

SIGNATURE: *Barbara Bosem Dahan* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0027368

CR2E037 (9/96)