## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # N31636**

## HACNOSSAS KALLAH CORPORATION

Fillicipal Flace of Business
% BARBARA BOSEM DAHAV
1400 LENOX AVENUE
MIAMI BEACH FL 33139
116

2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

26

% BARBARA BOSEM DAHAV 1400 LENOX AVENUE MIAMI BEACH FL 33139



|--|--|--|--|

3. Date Incorporated or Qualifed

04/07/1989

65-0186078

4. FEI Number

\$ Certificate of Status Desired	22		27			65-0186078		Not Applicable
Selection Campaign Financing   Zip   Zip   Gountry   Zip   Gountry   Zip   Gountry   Zip   Gountry   Zip   Gountry   Gountry   Zip   Gountry   G	City & Stat	te	City & State			5 Cortificate of Status Desired	<b>\$</b> 8.	.75 Additional
Added to Part	3		28			3. Certificate of Status Desired	- F	ee Required
9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  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 registerial agent. I am familiar with, and accept the obligations of, Section 617 0503, Florida Statutes. The above-named corporation submits this statement for the purpose of changing its registerial agent. I am familiar with, and accept the obligations of, Section 617 0503, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  DS  OFFICERS AND DIRECTORS  DELETE  11. TITLE  DS  OFFICERS AND DIRECTORS I  12. WARE  BISTON, BAYLA  DELETE  12. WARE  BISTON, BAYLA  BISTON, BAYLA  12. WARE  BISTON, BAYLA  DAHAV, BARBARA BOSEM  SIREET ADDRESS  SIGNATURE  UNANE  BISTON, BAYLA  13. SIREET ADDRESS  SIREET ADDRESS  SIREET ADDRESS  SIREET ADDRESS  1003. SHATH ST.  DAHAV, BARBARA BOSEM  SIREET ADDRESS  SHOCKHET, BATSHEVA  3. SIREET ADDRESS  SHAPIRO, BARBARA  4. SIREET ADDRESS  SIRSET ADDRESS  SHAPIRO, BARBARA  SIREET ADDRESS  SIRRET ADDRESS  SIRSET ADDRESS  SHAPIRO, BARBARA  SIRSET ADDRESS  SIRSET AD	¢ip	Country	Zip	Zip Country		6. Election Campaign Financing	₃ _ \$5	5.00 May Be
DAHAY, BARBARA BOSEM 1400 LENOX AVENUE MIAMI BEACH FL 33139  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 regit officer or regions of sections, 617 0502 and 617 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its regit officer or regions of section 617 0503, Florida Statutes, the corporation's board of directors. I hereby accept the appointment as registed signature, liped or printed name of registered agent and signature required when refruitating)  DAF 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I 11. TITLE  DS INTERES ADDESS STATE ADDRESS ST	4 :	25	29	30		Trust Fund Contribution	Ac Ac	dded to Fees
DAHAY, BARBARA BOSEM 1400 LENOX AVENUE MIAMI BEACH FL 33139  82 Street Address (P.O. Box Number is Not Acceptable)  83 Review of the provisions of Sections 617.0502 and 617.1503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register. Signature, byte of 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 register. Signature, byte or registered agent, 1 am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  83 Review of the corporation submits this statement for the purpose of changing its register. Signature, byte or registered agent, 2 am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  84 City  FL 85 Zip Code  85 Zip Code  85 Zip Code  86 Zip Code  87 Zip Code  88 Zip Code  88 Zip Code  89 Zip Code  80 Zip Code  81 Zip Code  81 Zip Code  81 Zip Code  81 Zip Code  82 Zip Code  83 Zip Code  84 City  85 Zip Code  86 Zip Code  86 Zip Code  87 Zip Code  88 Zip Code  88 Zip Code  89 Zip Code  89 Zip Code  80 Zip Code			t Registered Agent			10. Name and Address of New	Registered Agent	
MAMI BEACH FL 33139	•	Teach to the second		81	Name			
MAMI BEACH FL 33139	DAHAV, B	IARBARA BOSEM		82	Street Addr	ress (P.O. Box Number is Not Accep	table)	•
MIAMI BEACH FL 33139    83			d.				<u> </u>	·
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 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 register agent. I am familiar with, and accept the obligations of Section 617,0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as register agent. I am familiar with, and accept the obligations of Section 617,0503, Florida Statutes.  SIGNATURE  Signature, type of printed name of registered agent and title if applicable.  OFFICERS AND DIRECTORS  11. MOVE Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I 1.1 ITTLE  1.2 MANE  BISTON, BAYLA  STREET ADDRESS  SITH ST. JASS LENOX AVENUE  DATE  1.3 STREET ADDRESS  SITH ST. JASS LENOX AVENUE  DATE  1.4 CITY-ST-2P  MIAMI BEACH FL  DATE  Change  Cha				83				
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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  DBS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   13. STREET ADDRESS   14. CITY-ST-ZP   MIAMI BEACH FL   14. CITY-ST-ZP   14. CITY-ST-ZP   14. CITY-ST-ZP   13. STREET ADDRESS   14. CITY-ST-ZP   14. CITY-ST-ZP   14. CITY-ST-ZP   15. CITY-S	11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508, Florida Statute	es, the above	e-named corp	poration submits this statement for the	e purpose of changi	ng its registered
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Signature, hyped or printed name of registered agent and tille if applicable.   (NOTE: Registered Agent stgrature required when reinstating)   DATE	US SIGNATURE		- 3e <sub>1</sub>			•		
INTILE  DS BISTON; BAYLA  BISTON; BA					t signature require			
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MIAMI BEACH FL  DP LEHRFIELD, MIRIAM STREET ADDRESS  1335 NE 171 STREET  A3 STREET ADDRESS  N. MIAMI BEACH FL  D DELETE  44 CITY-ST-ZIP  TITLE  MAYBERG, JUDY  44 CITY-ST-ZIP  MAYBERG, JUDY  52 NAME  53 STREET ADDRESS  CITY-ST-ZIP  MIAMI BEACH FL  D DELETE  54 CITY-ST-ZIP  MIAMI BEACH FL  D Change  C Change	VAME (1945)	SHOCHET, BATSHEVA		3.2 NAME				
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AME SHAPIRO; BARBARA \$\[ \begin{align*} & \left \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	TITLE	Date of the state	☐ DELETE	6.1 TITLE		4	☐ Cha	ange
	NAME	SHAPIRO, BARBARA	4	6.2 NAME			•	
SUPERINDRESS OF LINING WALKET	STREET ADDRESS	3711 PRAIRIE AVENUE		6.3 STREET	ADDRESS			
SITY-ST-ZIP MIAMI BEACH FL 6.4 CITY-ST-ZIP		MIAMI BEACH FL						
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	14. I hereby c	certify that the information supplied wit	h this filing does not qualify for	the exemption	on stated in S	ection 119.07(3)(i), Florida Statutes.	. I further certify that	the information

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.

Applied For