FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9300004847

CITY-ST-ZIP

SIGNATURE

YRE,	11.10			į.		
	INC.					
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l i	ce of Business	Mailing Address				f à
3300 N W 114		3300 N W 114 ST				
MIAMI FL 3310 US	67	MIAMI FL 33167 US		DO NOT WRIT	E IN THIS SPACE	
03		US		3. Date Incorporated or Qualifed	E III THIO OF NOL	
				01/21/1993		
2. Principal f	Place of Business	2a. Mailing Address		4. FEI Number	Applie	d For
21		26		65-0382332	. —	plicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc.		•	_ \$8.75 Add	tional
22		27	•	5. Certifcate of Status Desired	Fee Requi	red
City & Sta	ite .	City & State		6. Election Campaign Financing	\$5.00 ма	y Be
23		28		Trust Fund Contribution	Added to F	ees
Zip	Country	Zip	Country	8. This corporation owes the curre	· <u>-</u>	
24	25]	29	30	Personal Property Tax.	☐ Yes ☐	No
	9. Name and Address of Curr	rent Registered Agent	04 N	10. Name and Address of New R	egistered Agent	
	MELECH, RONEN	White the Control of the	, 81 Name			
	0 N W 114 ST	•	82 Street Addr	ress (P.O. Box Number is Not Acceptal	ble)	
	Mi FL:33167 ::;;,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•			AN ANT OF BRIDE STORE OF BUILDING TO A STORE	4 4 3 1 5 7 1
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	STATE TOWN	,	84 City	7 4 7 5 6 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	85 Zip Cod	e de la
	A.MA			•	<u> FL </u>	·
11, Pursuant	t to the provisions of Sections 607.0 registered agent, or both, in the Sta	502 and 607.1508, Florida Statut te of Florida. Such change was a	tes, the above-named corp outhorized by the corporation	oration submits this statement for the pon's board of directors. I hereby accept	ourpose of changing its reg t the appointment as registe	istered ered
agent. I a	am familiar with, and accept the obli	gations of, Section 607.0505, Flo	rida Statutes.	,,,,		
SIGNATURE						
	Signature, typed or printed name of registered a		: Registered Agent signature require	d when reinstating)	DATE	
12.	Signature, typed or printed name of registered a OFFICERS A	AND DIRECTORS	: Registered Agent signature require		DATE	IN 12
12. TITLE	Signature, typed or printed name of registered a OFFICERS		:: Registered Agent signature require 13. 1.1 TITLE	d when reinstating)	DATE	
12. TITLE NAME	Signature, typed or printed name of registered a OFFICERS A P ELIMELECH, RONEN	AND DIRECTORS	13. 1.1 TITLE 1.2 NAME	d when reinstating)	DATE	IN 12
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this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information in the first state and accurate and that my signature shall have the same legal effect as if made under oath; that I am an er or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in ment with an address, with all other like empowered. 14. I hereby certify that the information supplied wit indicated on this annual leport or supplemental officer or director of the Block 12 or Block 13 if of

6.4 CITY-ST-ZIP

FILED

Jan 25, 1999 8:00am

Secretary of State

01-25-1999 90056 011 ***150.00