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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Gwendolyn H. Morgan
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000015840 (0)

1. Corporation Name

TEL-AVIV CONSTRUCTION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business: 921 NE 199 ST
APT 206
MIAMI FL 33179

Mailing Address: 921 NE 199 ST
APT 206
MIAMI FL 33179

2. Principal Place of Business: 21 20911 NE 12 Avenue
State Apt # etc: 22 Miami
City & State: 23 Miami, Florida
Zip: 24 33179 County: 25 Dade

2a. Mailing Address: 26 20911 NE 12 Avenue
State Apt # etc: 27
City & State: 28 Miami Florida
Zip: 29 33179 County: 30 Dade

3. Date incorporated or qualified: 03/01/1993
3a. Date of last report: 02/18/1994
4. CFI Number: 65-6390691
5. Certificate of Status Desired: ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing: ☐ \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under 1961 (15) Florida Statutes: ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
NAGAR, BOAZ
921 NE 199 ST
APT 206
MIAMI FL 33179

10. Name and Address of New Registered Agent
81 Name: BOAZ NAGAR
82 Street Address (P.O. Box Number and Apartment): 20911 NE 12th Avenue
83
84 City: Miami FL 85 33179

11. Pursuant to the provisions of Sections 1901, 1902, and 1903, Florida Statutes, the above named corporation submits this statement for the purpose of filing its required officer or registered agent or both in the State of Florida. No fee has been paid by the corporation's board of directors. I hereby accept the responsibility as registered agent. I am familiar with and understand the obligations of the registered agent under Florida Statutes.

SIGNATURE: *[Signature]* Boaz Nagar, President 4-26-95

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME	PD NAGAR, BOAZ	NAME	
STREET ADDRESS	921 NE 199 ST #206	STREET ADDRESS	
CITY	MIAMI FL 33179	CITY	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	

14. I hereby certify that the information supplied with this report is true and correct and is based on the information supplied in the report. I am familiar with and understand the obligations of the registered agent under Florida Statutes. I am familiar with and understand the obligations of the registered agent under Florida Statutes. I am familiar with and understand the obligations of the registered agent under Florida Statutes.

SIGNATURE: *[Signature]* Boaz Nagar, President 4-26-95 305-654-8440