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

Mailing Address

20011 NE 12 AVE

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

FILED

Mar 11 1997 8:00am

Secretary of State

Date

Daytime Ptione #

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000015840 (0)

TEL-AVIV CONSTRUCTION, INC.

20911 NE 12 A APT 206 MIAMI FL 3317: US		20911 NE 12 AVE APT 206 MIAMI FL 33179-2004 US			3. Date Incorporated or Qualified	3a. Date of Last R	leport
9 Primara De	ace of Business	2a. Mailing Address			03/01/1993 4. FEI Number	07/25/1996	oplied For
2. mnoqua m	act, a. phendez	26. Maining Address				CALAI H	opiled For ot Applicable
Suite Apt. (#, etc	Suite, Apt. #, etc.	·····		5. Certificate of Status Desired	\$8.75 / Fee Re	Additional
City & State)	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00	May Be to Fees
7φ 24	Country 25	Z(p 29	Country 30	/		Yes 🗌 No	. 199.032,
	9, Name and Address of Curre	ent Registered Agent		Lalama	10. Name and Address of New Re	gistered Agent	
	IAR, BOAZ		81	Name			
2097 APT	II NE 12TH AVE		82	Street A	ddress (P.O. Box Number is Not Acceptab	ile)	
	200 MI FL 33179		83			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
Mina	MITE OUT P						
			84	City		FL 85 Zip	Code
agent Far SIGNATURE	บ้าไลกที่เล่า will), ลกตี accept the obli ระการ - รุการ - pinted และเดือน เกษา	gations of, Section 607.0505, Flor	ida Statute Registereo Ag	S.	oration's board of directors. I hereby acceptioning the properties of the properties	DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	PD Nagar, Boaz	☐ DELETE	1.1 TITLE			Change	Addition
NAME	20911 NE 12 AVENUE		1.2 NAME				
STREET ADDRESS	MIAMI FL		1.3 STREE	I ADORESS			
CHY+S1+ZiP Title		DELETE	2.1 TITLE	51-2IF		Change	Addition
NAME			22 NAME				
STREET ADDRESS			23 STREE	T ADDRESS			
CIFY ST-ZI-			2 4 CITY -	ST-ZIP			
TITLE		☐ DELETE	3 1 TITLE			Change	Addition
NAME			32 NAME				
STREET ADDRESS			3.3 STREE	Į.		. '	
CITY - ST - 712		DELETE	3.4. CITY - 4.1 TITLE	51-2Ir		Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS				T ADDRESS			
COY-ST ZIF			4.4 CITY -	ST-ZIP			
11ILE		DELETE	5.1 TITLE	- T	The same of the sa	Change	Addition
NAME			5.2 NAME				
STREET ADDRESS				T ADDRESS			
C(1Y - S1 - 20"		TINGETE	5.4 CITY	ST-ZIP		Change	Addition
NAME .		L DELETE	6.1 TITLE	1		Cirange	L AUGITION
NAME CIRCLY ADODESS			6.2 NAME	T ADDRESS			
STREET ACORESS CHY-ST-ZIP			6.4 CITY-				
14. I do herch	by certify that the information suppl	ied with this filing does not qualify	for the exi	emption sta	ated in Section 119.07(3)(i), Florida Statute	s. I further certify that	the
informatio Lain an ol	n indicated on this annual report o	r supplemental annual report is tri or the receiver or trustee empowe	ue and acc ered to exe	urate and t	that my signature shalf have the same lega eport as required by Chapter 607, Florida S	al effect as if made un	ider oath; that