

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

FILED  
Apr 21, 1999 8:00 am  
Secretary of State

04-21-1999 90225 024 \*\*\*150.00

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1. Corporation Name

TAVOR DEVELOPMENT COPORATION

Principal Place of Business

1428 BRICKELL AVENUE  
EIGHTH FLOOR  
MIAMI FL

Mailing Address

1428 BRICKELL AVENUE  
EIGHTH FLOOR  
MIAMI FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/29/1993

4. FEI Number

65-0424713

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 owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 4044 MERIDIAN AVE

2a. Mailing Address

26 4044 MERIDIAN AVE

Suite, Apt. #, etc.

22 #3A

Suite, Apt. #, etc.

27 #3A

City & State

23 MIAMI BEACH, FL

City & State

28 MIAMI BEACH, FL

Zip

24 33140

Country

25 DADE

Zip

29 33140

Country

30 DADE

9. Name and Address of Current Registered Agent

MANASTER, JOSHUA D  
1428 BRICKELL AVENUE  
EIGHTH FLOOR  
MIAMI FL

10. Name and Address of New Registered Agent

81 Name

82 HORDECHAI BOAZIZ

83 Street Address (P.O. Box Number is Not Acceptable)

84 4044 MERIDIAN AVE

85 #3A

86 City

87 MIAMI BEACH

FL

88 Zip Code

89 33140

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 in Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/15/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D BOAZIZ, M  
STREET ADDRESS 4044 N. MERIDIAN AVE #3A  
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE ☐ DELETE

NAME VP RAHAMIM, OZ  
STREET ADDRESS 4044 N. MERIDIAN AVE #3A  
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/99

305-532-6544

CR2E034 (11/98)