

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000050812 (5)

1. Corporation Name

D.O.P. INVESTMENTS, INC.



Principal Place of Business

Mailing Address

8360 W OAKLAND PARK BLVD  
201  
SUNRISE FL 33351  
US

8360 W OAKLAND PARK BLVD  
201  
SUNRISE FL 33351  
US

3. Date Incorporated or Qualified

07/15/1993

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

65-0435181

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MREJEN, ARIE  
8360 WEST OAKLAND PARK BLVD.  
SUITE 307  
SUNRISE FL 33351

81 Name

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

83

84 City

FL

85 Zip Code

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 of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of officer or director of corporation or registered agent (must be typed)

(NOTE: Registered Agent's signature is required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ DELETE

NAME  
KADOCH, DAVID  
STREET ADDRESS  
1250 NW 124TH AVENUE  
CITY, ST, ZIP  
PLANTATION FL

1.2 TITLE ☐ DELETE

NAME  
HORESH, OURI  
STREET ADDRESS  
5343 N.W. 106 DR.  
CITY, ST, ZIP  
CORAL SPRINGS FL

1.3 TITLE ☐ DELETE

NAME  
ZOUR, ISRAEL  
STREET ADDRESS  
12700 N. BISCAYNE BLVD, #202  
CITY, ST, ZIP  
NORTH MIAMI FL

1.4 TITLE ☐ DELETE

NAME  
DJERASSI, GIDEON  
STREET ADDRESS  
9800 S.W. 4TH STREET  
CITY, ST, ZIP  
PLANTATION FL

1.5 TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY, ST, ZIP

1.6 TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY, ST, ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ISRAEL ZOUR

DIRECTOR

Date

Daytime Phone #

2/2/96 (854) 749-2030

CR2E034 (12/95)