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 # **P93000050812**1. Corporation Name

D.O.P. INVESTMENTS, INC.

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90206 001 ***150.00



Principal Plac	e of Business	Mailing Address						***** *****	
3360 W OAKLA	AND PARK BLVD	8360 W OAKLAND PARK BI	LVD						
201		201				DO NOT I	ADITO IN TURO	PD40E	
Sunrise FL 33351 Js		US	SUNRISE FL 33351			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed			
•		00				07/15/1993	eu .		
2 Principal F	Place of Business	2a. Mailing Address				4. FEI Number		ΙΔ	pplied For
z. Frincipari 1	race of Busiliess	26				65-0435181		⊢+ -	ot Applicable
Suite Ant	# atc	Suite, Apt. #, etc.				05 0455101			Additional
Suite, Apt. #, etc.		· · ·	27			5. Certifcate of Status Desired	t 🗆	,	lequired
City & Sta	to .	City & State				6. Election Campaign Financi			May Be
ا ا			28			Trust Fund Contribution	.,a 🗀		to Fees
Zip	Country	Zip	Cou	intry		8. This corporation owes the	ourrent year Inta		
_!	25	<u> </u>	30	,		Personal Property Tax.	Surrent year inte	Yes	□No
··	9. Name and Address of Currer		30	T		10. Name and Address of Ne	w Registered A	<i></i> _	
	o. Harris Eria / Carlos or editor			81 Na	me				
MRE	EJEN, ARIE		1	$\sqcup \sqcup$					
	WEST OAKLAND PARK BLVD.			82 Str	eet Addre	ss (P.O. Box Number is Not Acc	eptable)		
	TE 307		'	83					
	IRISE FL 33351		1	63					
00.	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			84 Cit	у			85 Zip	Code
							<u> </u>	1_1_	
ii. Pursuant	to the provisions of Sections 607.050 registered agent, or both, in the State)2 and 607,1508, Florida Statute	s, the ai	bove-nar I by the r	ned corpor	ration submits this statement for his board of directors. I hereby as	the purpose of o cept the appoint	thanging it	s registerea eaistered
agent. I a	am familiar with, and accept the obliga	ations of, Section 607.0505, Flor	ida Statı	utes.	orporado.				
- SMATULE									
	Signature, typed or printed name of registered age		 -	Agent signa	ture required	when reinstating)	DATE		
·		ID DIRECTORS	13.			ADDITIONS/CHANGES TO	OFFICERS AND		
	DP	☐ DELETE	1.1 TR	TLE	- 1			Change	Addition
-	KADOCH, DAVID		1.2 NA	AME	ļ				
''I ADORESS	I .		1.3 ST	TREET ADDR	ESS				
ST-ZIP	PLANTATION FL		1.4 CF	TY-ST-ZIP					
	DT	☐ DELETE	2.1 717	TLE	1			Change	Addition
_	ZOUR, ISRAEL		2.2 NA	AME	}				
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01 2.11	DS -	™ DEL£TE	3.1 TI					Change	☐ Addition
	DJERASSI, GIDEON		3,2 NA	AME	1				
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	PLANTATION FL		1						
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97 ZIP			6.4 CI	TY-ST-ZIP	1	unrise FL 3			
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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.

