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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 23 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1	MENT # P9400 OUND INDUSTRIES, INC.	)0013016 (8)	)		
Principal Place of Business Mailing Address					(1 <b>000</b>
\$401 NW 72 AVE. 5401 NW 72 AVE. UNIT 15 UNIT 15 MIAMI FL 33166 US US			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  02/14/1994		
2. Principal F	Piace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0469734	Not Applicable
Sulte, Apt. #, etc. Suite, Apt. #, etc.				\$8.75 Additional	
22 27			5. Certificate of Status Desired	Fee Required	
City & State City & State			6. Election Campaign Financing	\$5.00 May Be	
23 Zip	Country	28 Zip	T Country	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	current year Intangible
24	9. Name and Address of Curre	29 rent Registered Agent	30	Personal Property Tax due June 30.  10. Name and Address of New Register.	
RE	N-DAVID, MIKE	SHE HARIETOLAN V.Barre	81 Name	IA MINIS MINE EXPENSES AN INSTITUTE TO BE ASSETTED.	DO ABONI
-	01 NW 72 AVE.			N	
-	NT 15		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
4 MIAMI FL 33166			83		
	****		84 City		85 Zip Code
,			1 1 - 7	F	- L_
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					
12.	Signature, typed or printed name of registered &	egent and tibe if applicable (NOT NDD DIRECTORS	TE: Registered Agent signature requi	ured when reinstating) DATI ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PD OFFICERS AI	DELETE	1.1 TITLE	Applitotojo irstago to ott tozas.	Change Addition
NAME	BEN-DAVID, MIKE	_	1.2 NAME		<b>-</b> • -
STREET ADDRESS	5401 NW 72ND AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY - ST - ZIP		
TITLE	VO	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BITTON, AHARON		2.2 NAME		
STREET ADDRESS	5401 NW 72ND AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2. 4 CITY - ST - ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		Change Addition
NAME	WINTROB, JEHSUAH		3.2 NAME		
STREET ADDRESS	5401 NW 72ND AVE.		3.3 STREET ADDRESS		1
CITY-ST-ZIP	MIAMI FL.	DELETE	3.4. CITY-ST-ZIP		Character Addition
TITLE	ļ.	☐ DELETE	4.1 TITLE		Change Addition
NAME	ļ.		4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	i	<del>-</del> -	6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY_ST_7IP			64 PHY - 27 - 740		

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 attackment with an address.

CICNIATUDE.