### 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 # P94000046747

1, Corporation Name

I.A.S., CORPORATION

# Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90014 049 \*\*\*150.00

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Principal Place of Business Mailing Address						Sili BiBiB Britt LEBIT B	1911 1991 1891
1406 NW. 82ND AVE. 1408		1406 NW. 82ND AVE	108 NW. 82ND AVE				
MIAMI FL 33126 MIAMI FL 33126					DO NOT WRITE IN T	THE COACE	
					3. Date Incorporated or Qualifed	IIS SPACE	}
					06/22/1994		ļ
Dringing Di	and of Business	2a. Mailing Address			4. FEI Number	Apr	olied For
	NW 30 ST	26 10890 NW	30	S¥.	65-0503656	<del>}   ``</del>	Applicable
Suite, Apt. 1		Suite, Apt. #, etc.				\$8.75 A	dditional
22	,, 5.6.	27			5. Certificate of Status Desired	Fee Red	quired
City & State		City & State			6. Election Campaign Financing	\$5.00	
23 / 1 Am 1 (-c. 28 / 1 Am 1, t			~L		Trust Fund Contribution	Added to	Fees
Zip	Country	Zip / 2 2 2 2 2 5	Country		8. This corporation owes the current year		□No
24 3317		Landa de la constanta de la co	30 U	SA	Personal Property Tax.		<u> </u>
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Registe	ed Agent	
MIZO	ACHI RENIAMIN		"	Hame	•		
MIZRACHI, BENJAMIN <del>1406 NW. 82ND AVE</del> . 10890 NW 30 St <del>MIAMI FL 33126</del> M1Am; FL 33177				Street Add	ress (P.O. Box Number is Not Acceptable)		1
					<del></del>		
IMINIM	III COOTES "IT WANT I	FL. 00174	83	1			
			84	City		85 Zip C	ode
	(0.000000000000000000000000000000000000	LOOT AEOD Florido Carbido	- 455-	n named sor	poration submits this statement for the purpos		registered
office or re	oistered agent, or both, in the State of	i Florida. Such change was au	thorized by	tne corporati	ion's board of directors. I hereby accept the a	pointment as reg	jistered
agent. I an	n familiar with, and accept the obligation	ons of, Section 607.0505, Flori	da Statute:	5.			
SIGNATURE	Signature, typed or printed name of registered agent	- Julie if conflooding (MOTE)	Panistered Ans	nt signature zeguiro	ed when reinstating) DAT		— l
	Signature, typed or printed name of registered agent OFFICERS AND		13,	in algreen or open	ADDITIONS/CHANGES TO OFFICER	AND DIRECTO	RS IN 12
12.	D	☐ DELETE	1,1 TITLE			Change	Addition
NAME	MIZRACHI, BENJAMIN		1.2 NAME				
STREET ADDRESS 1406 NW: 92ND AVE. 10890 NW 30 ST			1.3 STREE	TADDRESS			
CITY-ST-ZIP	MIAMI FL 33126 33/72	1000 00 41	1.4 CITY-S	ST- ZIP			
TITLE			2.1 TITLE			Change	☐ Addition
NAME			2.2 NAME		•		Į
STREET ADDRESS			2.3 STREE	T ADDRESS			{
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP		<u></u>	
TITLE	☐ DELETE		3.1 TITLE			Change	☐ Addition [
NAME			3.2 NAME				ļ
STREET ADDRESS			3.3 STREE	TADDRESS			
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			·
TITLE		☐ DELETE	4.1 TITLE			Change	Addition
NAME			4, 2 NAME		·		
STREET ADDRESS			4.3 STREE	T ADDRESS	•		
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP	LIGHT .		TA Lee
TITLE		☐ DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME			•	
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP			5.4 CITY-	ST-ZIP			- Addition
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	TADDRESS			i

6.4 CITY- ST- ZIP 14. 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: