

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 # P94000046901 (2)

1. Corporation Name

ARIEH UNLIMITED CORPORATION



Principal Place of Business

17100 COLLINS AVENUE
SUITE 113
NORTH MIAMI BEACH FL 33160

Mailing Address

17100 COLLINS AVENUE
SUITE 113
NORTH MIAMI BEACH FL 33160

2. Principal Place of Business

21 *Miami Beach*

Suite, Apt. #, etc.

22 City & State

23 *Miami Beach, FL*

24 Zip *33139*

Country *USA*

2a. Mailing Address

26 *DBA 30 300*

Suite, Apt. #, etc.

27 City & State

28 *Miami Beach, FL*

29 Zip *33139*

Country *USA*

3. Date Incorporated or Qualified

06/23/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0509890

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing

☐ \$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

ZUCKER, ARIEH
17100 COLLINS AVE.
SUITE 113
NORTH MIAMI FL 33160

10. Name and Address of New Registered Agent

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

Arieh Zucker

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

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE
NAME P
STREET ADDRESS ZUCKER, ARIEH
CITY-ST-ZIP 17100 COLLINS AVENUE, #113
NORTH MIAMI BEACH FL 33160

TITLE ☐ DELETE
NAME *Zucker Arieh*
STREET ADDRESS *1030 Collins Avenue*
CITY-ST-ZIP *Miami Beach, FL 33139*

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 *Zucker, Arieh* ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS *1030 Collins Avenue*
1.4 CITY-ST-ZIP *Miami Beach, FL 33139*

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 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: *Arieh Zucker*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

3/30/96 (305) 672-9222

CR2E034 (12/95)