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

Mailing Address

901 EAST 10TH AVENUE

HALEAH FL 33010-3782

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

BOI EAST 10TH AVENUE

SIGNATURE:

HIALEAH FL 33010



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Mar 03 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000056219 (6)

N.Y. VARIETY CENTER, INC.

							Date of Last F 5/28/1996	Report	
2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number		pplied For	
21		26				65-0542000	-	lot Applicable	
	Apt #, etc. Suite, Apt #, etc.							Additional	
22	27					5. Certificate of Status Desired	4 - · · -	Required	
City & State	· · · · · · · · · · · · · · · · · · ·					6. Election Campaign Financing		May Be	
23		28				Trust Fund Contribution		to Fees	
	Country	Zip	Coun	try		8. This corporation has liability for intangib			
24	25 29 30			Florida Statutos KL Yes No					
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
ATARY, YORAM				81 Name					
901 EAST 10TH AVENUE HIALEAH FL 33010				B2	Street Address (P.O. Box Number is Not Acceptable)				
				32	Street Address (F.O. Box Number is Not Acceptable)				
			1	B 3					
] '	84	City	· F	85 Zip	Code	
11. Pursuant t	o the provisions of Sections 607.0	0502 and 607 1508, Florida Statute	es, the ab	ove	-named cor	poration submits this statement for the purpose	of changing	its registered	
office or re	egistered agent, or both, in the St	ate of Florida. Such change was a digations of, Section 607,0505, Flo	authorized	by	the corpora	ation's board of directors. I hereby accept the ap	pointment as	a registered	
SIGNATURE	·								
				Ager	nt signature requ	pired when reinstating) DATE	ID DIDEATA		
12.	OFFICERS:	AND DIRECTORS DELETE	13.	_		ADDITIONS/CHANGES TO OFFICERS AN	Change		
TIRLE	ATARY, YORAM	C becer	1.1 TITLE				Change	☐ Addition	
NAME	901 EAST 10TH AVENUE			1.2 NAME 1.3 Street Address					
STREET ADDRESS	HIALEAH FL 33010							-	
CIFY+ST-ZIP			1.4 CiT		1-21P				
113 i f				21 BILE			☐ Change	Addition	
NYME			2 2 NAME						
STREET ADDRESS				2 3 STREET ADDRESS		•			
CHY SI-ZIP	Desire			2 4 CITY-ST-ZIP		······································		1 4445	
TITLE		☐ DELETE	3 1 TITLE			•	Change	Addition	
NAMe			3 2 NA						
STREET ADDRESS					ADDRESS				
COTY : ST - ZIP		I be see	3 4. CIT		T-ZIP				
TITLE				4.1 TITLE			Change	L. Addition	
NAM:			4 2 NA	ME					
STREET ADDRESS			4 3 STR	EET /	ADDRESS				
CHY ST-7P			4.4 CIT	y - ST	[- Z P				
mo		DELETE 5		1 1IILE			☐ Change	☐ Addition	
NAME		,	5.2 NAM	ИE	ŀ				
STREET ADDRESS:			5.3 STR	EET .	ADDRESS				
CHÝ-SI-ZIP		54			T-ZIP				
THE		DELETE 6.		.E				Addition	
NAM!			6.2 NAM	ΛE		•			
STREET ADDRESS				EET ,	EET ADDRESS				
C1112 C1 210			1						

14. Lot be bready 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.

1.29.47

Daytime Phone #