FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

SIGNATURE:

DOCUMENT #
1. Corporation Name

P94000060159 (8)

ORA INTERNATIONAL HOLDINGS CORPORATION

		•				
Principal Place of	of Business	Mailing Address		1 FBF/FDB/ 110 FB/// B15// OB/// D1		
**************************************		* ILOVITOH MANELL - 2206 HOLLYWOOD B HOLLYWOOD FL 330	L VD.			
	• • • • • • • • • • • • • • • • • • • •	TROCETTOOD VE OF		3. Date Incorporated or Qualified	3a. Date of Last Report	
2. Principal Plac	ne of Rusinoss	An Molling Address		08/16/1994	04/04/1995	
21 1059		2a. Mailing Address	.W. 49H DR	4. FEI Number 65-0512120	Applied For	
Suite, Apt. #,		Suite, Apt. #, etc.	in it it was	-	Not Applicable	
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	11 D	City & State		6. Election Campaign Financing	\$5.00 May Be	
23 Deerh		28 CORAL SOCIA	y , PI	Trust Fund Contribution	Added to Fees	
Zip 24 3344	12 25 U.S.A	Zip 22-17	Country	8. This corporation has liability for in		
4 007	g. Name and Address of Current	Registered Agent	30 U.S.A.	Florida Statutes Yes 10. Name and Address of New R		
			81 Name	10. Name and Address of New R	egistered Agent	
KLAPHO	OLZ, JOSEPH P.		82 Street Add	MURN teretz,	2.50.	
-2206 HOLLYWOOD BLVD.				dress (P.O. Box Number is Not Acceptabl		
	VOOD FL-33020		83	East Browned 1	الهادا	
				Suite 600		
			84 City	Ft. Lorderdale	FI 85 ₹₹\$\$\$\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
11. Pursuant to	the provisions of Sections 607.0502	nd 677.1508, Florida Stalutes	s, the above named corpo	pration submits this statement for the purp	pose of changing its registered office	
familiar with	, and accept the obligations of, Section	n 607.04.05, Florida Statutes	d by the corporation's boa	ard of directors. I hereby accept the appo	pintment as registered agent. I am	
SIGNATURÉ	N-D-I	754	ndrew B. P	e/etz	4/2/14/4	
····· • ······	grature, typed or printed name of registered agent ar	ditte applicable (NOI	h: Rugistered Agent signature requin	ed when reinstating)	54 E	
TITLE	OFFICERS AND DPST	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI		
NAME	MALKA, EDWARD	[] טנננונ	1, 1 TILLE	•	Change Addition	
STREET ADDIRESS	1059 S.W. 30TH AVE.		1.2 NAME	2030 S. OCEAN DR., #1925		
CITY-ST-ZIP	DEERFIELD BEACH FL 3344)				
TITLE		DELETE	2 1 TITLE	Hallandale, Fl. 33,	Change Addition	
NAME		_	2.2 NAME		Change C Addition	
STREET ADDRESS			2 3 STREET ADDRESS			
CITY-ST-ZIP			2 4 CITY-ST-ZIP			
TITLE		DELETE	3 1 TITLE		Change Addition	
NAME			3 2 NAME			
STREET ADDRESS			3.3. STREET ADDRESS			
CITY - ST - ZIP		Fil boloxe	3.4 CHY-ST-ZIP			
TITLE NAME		DELETE	4.11lft.E		Change Addition	
STREET ADDRESS			4.2 NAME	500000+0+	e management and armen	
CITY-SI-ZIP			4.3 STREET ADDRESS	50000181 -05/08/96010	に ごうせ き。 99007	
TITLE		DELETE	5 1 TITLE	***200.00		
NAME		_ occen	5.2 NAME		☐ Change ☐ Addition	
STREET ADDRESS			5.3 STREET ADDRESS		511146	
CITY-ST-ZIP			5.4 CITY - S1 - ZIP		~ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
TITLE	F - F - 11 11/4	DELETE	6 1 Trill		Change Addition	
NAME.		•	6 2 NAME		El average El violation	
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY - ST - ZIP			
 I do hereby of certify that the 	pertify that the information supplied with	h this filing is voluntarily furnis	to a state of the	for the exemption stated in Section 119.0	7(3)(k), Florida Statutes. I further	
oath; that I a appears in B	m an officer or director if it brooms llock 12 or Block	tion or the receiver or trustee an attachment with an address	empowered to execute thiss.	for the exemption stated in Section 119.0 ate and that my signature shall have the s is report as required by Chapter 607, Flor	same legat effect as if made under rida Statutes; and that my name	

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas Malks

954-426.2643