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95 MAY -1 PM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morcom
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000072289 (9)**

1. Corporation Name
ISRA HOLDING, INC.

Principal Place of Business: **5005 COLLINS AVE. UNIT C-1 MIAMI BEACH FL 33140**

Mailing Address: **5005 COLLINS AVE. UNIT C-1 MIAMI BEACH FL 33140**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business: **21**

2a. Mailing Address: **26**

Suite, Apt. #, etc.: **22**

City & State: **23**

Zip: **24** Country: **25**

3. Date incorporated or Qualified: **09/27/1994**

3a. Date of Last Report

4. FEI Number: **65-0497705**

Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution: **\$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

**LEE, KAI M
5005 COLLINS AVE, UNIT C-1
MIAMI BEACH FL 33140**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

85. Zip Code **FL**

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	SP
NAME	LEE, KAI M
STREET ADDRESS	5005 COLLINS AVE, UNIT C-1
CITY - ST - ZIP	MIAMI BEACH FL 33140
TITLE	VP
NAME	POON, HIN MAN
STREET ADDRESS	5005 COLLINS AVE
CITY - ST - ZIP	MIAMI BEACH, FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(3)(b), 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:  DATE: **3.15.95**

SIGNATURE AND OFFICE OF CURRENT REGISTERED AGENT OR DIRECTOR Date Signature of New Agent