

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 # ~~P95000025409~~ (0) P95000020088

1. Corporation Name

~~LAUNCH HOLDING CORP.~~

401 SPANISH TRAIL
ESTATES, INC

Principal Place of Business

301 YAMATO ROAD
SUITE 2110
BOCA RATON FL 33431

Mailing Address

301 YAMATO ROAD
SUITE 2110
BOCA RATON FL 33431

3. Date Incorporated or Qualified

03/30/1995

3a. Date of Last Report

4. FEI Number

65-0563598

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

10. Name and Address of New Registered Agent

81. Name

ZVI LEVIN

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

470 NE 14 ST

83.

84. City

BOCA RATON

FL

85. Zip Code
33432

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

Signature required for printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4-30-96

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE

S/D

1.2 NAME

ZVI LEVIN

1.3 STREET ADDRESS

470 NE 14 ST

1.4 CITY-ST-ZIP

BOCA RATON FL 33432

2.1 TITLE

P/D

2.2 NAME

ALBERT GIACHETTI

2.3 STREET ADDRESS

P.O. BOX 4110

2.4 CITY-ST-ZIP

BOCA RATON FL 33432

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

0000001839850

5.2 NAME

-05/25/96--01002--004

5.3 STREET ADDRESS

***200.00

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

5/1/92

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ZVI LEVIN Secretary

4-30-96 (407) 391 9233