## 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

P95000021380 (7)

1. Corporation	MENT # P9500 DSOFT, ING.	00021380	(7)			 	II. <b>8618</b> 16 <b>18</b>	<b>8.8</b> 1 21 <b>228</b> 101	IFI JEWA BENI IKAN
Principal Place of Business Mailing Address									
BLDG. G BLDG. G			W. OAKLAND PARK BLVD. G ISE FL 33351		Date Incorporated or Qualified	3a Date	of Last R	Servit	
						03/16/1995	00.	Oi Edist Vi	Юрогс
2. Principal Pla	ace of Business	2a. Mailing Addre	Mailing Address			4. FEI Number - 056	4097	,	Applied For Not Applicable
Suite, Apt. #	, etc.		Suite, Apt. #, etc.			Certificate of Status Desired		\$8.75	5 Additional
City & State		City & State				6. Election Campaign Financing			Required
23		28	<del></del>			Trust Fund Contribution Added to Fees			
Zip <b>24</b>	25 Country 29		Zip Cou			8. This corporation has liability for intangible tax under s 199.032, Florida Statutes  Yes No			
	<ol><li>Name and Address of Currer</li></ol>	nt Registered Agent				10. Name and Address of New R	legistered a	Agent	
				81	Name				
JOVANOVIC, DOUGLSA 888 S.E. 3RD AVENUE SUITE 400 FORT LAUDERDALE FL 33316				82	Street Addre	Address (P.O. Box Number is Not Acceptable)			
			-	B3					
			· ·	B4	City		FL	85 Zi	ip Code
SIGNATURE	n, and accept the obligations of, Sect	lion 607.0505, Florida S	ratutes.			lion submits this statement for the pur d of directors. I hereby accept the appr	pose of cha cintment as	nging its r registered	registered office I agent. I am
	Signature, typed or printed name of registered agent	· ·- ·- · · · · · · · · · · · · · · ·	(NOTE: Registered /	gent :	signature required		DATE		
12.	PD OFFICERS AN	<b>5</b> *** ***		13.		ADDITIONS/CHANGES TO OFF	ICERS AND		
NAME	RIO, EVELYNE-MARIE	ين مادد	1.2 NAJ	1 1 TITLE		•	Ŀ	] Change	☐ Addition
STREET ADDRESS	540 BRICKELL KEY DR., SUI	TE 927			DDRESS				
CITY-ST-ZIP	MIAMI FL 33131			1.4 City-St-ZiP					
TITLE	STD	☐ DELE		2.1 TITLE				] Change	Addition
NAME	Marder, Donald M		2 2 NAME				_		_
STREET ADDRESS	9 ISLAND AVENUE, #2002		2.3 STR	2.3 STREET ADDRESS 2.4 CITY-ST-ZIP					
CITY-ST-ZIP	MIAMI BEACH FL 33139								
1ntLE		DETE.	!E 3 1 THT	3 1 TITLE				] Chang∈	☐ Addition
NAME	•			3.2 NAME					
STREET ADDRESS					ADDRESS				
CITY-ST-7IP TITLE		☐ DELET	3.4 CIT		ZIP		-	7 Change	T Address
NAME	_			4. 1 TITLE 4.2 NAME			L	] Change	Addition
STREFT ADDRESS					DODECC				
CITY-ST-ZIP				4.3 STREET ADDRESS 4.4 CITY - ST - ZIP					
TITLE				5. 1 TITLE				] Change	Addition
NAME	<b>_</b>		5.2 NAM	5.2 NAME			-	_ •	
STREET ADDRESS			5.3 STR	EET A	DDRESS				
CITY-ST-ZIP			5.4 CIT	<u>/-\$1-</u>	ZIP	_			
TITLE		☐ DELET	E 61111	LE				Change	☐ Addition
NAME			62 NAM	AE.					
STREET ADDRESS			63 STR	EET A	DDRESS				
CITY - ST - ZIP	and it that the info	with the street of the	64 CIT			Al	A = (A) A		
codify that	the information indicated on this appl	with this illing is voluntal	nny turnistied and d	UES	not quality for	the exemption stated in Section 119.	U7(3)(K), Flor	ida Statut	ies. I further

certus unat 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.