FILE NOW: FILING FEE AFTER MAY 1 IS \$550,00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000023809 (3)

ISRAEL VERTICALS, INC.

FILED Apr 29 1997 8:00am Secretary of State

Bridge								
Principal Place	of Business	Mailing Address			†	JA 1991 O ALDUM ALAUM ALAUM BANA		
26853 S. DIXIE HWY NARANJA FL 33032		26853 S. DIXIE HWY NARANJA FL 33032-7524						
					3. Date Incorporated or Qualified 03/23/1995	3a. Date of Last Re 07/30/1996	port	
2. Principal Pr 21	ace of Business	2a. Mailing Address 26			4. FEI Number APPLIED FOR 65-1	0684980 App	plied For t Applicable	
Suite, Apt	#, elc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	□ \$8.75 A	dditional	
City & State)	City & State	·		6. Election Campaign Financing	\$5.00	May Be	
23	Country	28	Country		Trust Fund Contribution 8. This corporation has liability for	Added to		
24]	25		30]			Yes No		
EDE:	9. Name and Address of Curren DC ECDEDAN7A	it negistered Agent	81	Name (2	• \	edistated Marit		
FREIRE, ESPERANZA 26853 S. DIXIE HWY.					Policarda treire pet Address (P.O. Box Number is Not Acpeptable)			
NARANJA FL 33032				Street Address (P.O. Box Number is Not Acceptable)				
}			[B3]	-	•	J		
1			84	City Na.	onto.	FL 85 Zip C	3032	
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 agont, or both, in the State of Florida, Such change was authorized by the corporation's heard of directors. I hereby accept the appropriate the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appropriate the purpose of changing its registered								
agent. I am lamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE	Signature, typed or printer make of registered age	ent and title if applicable (NOTE:	Registered Agent	signature require	d when reinstating)	7/ d d/ 4 /		
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI			
THEF	DPV	DELETE	1.1 TITLE	Pr	endent	Change	7	
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NAMI			5.2 AME					
STREET ADDRESS			5.3 TREET AL					
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STREET ADORESS			6.3 STREET AL	DORESS]	
CRY-ST ZII			6.4 CITY-ST-					
	ny certify that the information supplie	d with this filing does not qualify			in Section 119.07(3)(i), Florida Statut	es. I further certify that	the	

I. I do hereby certify that the information supplied with this filling 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 suppliemental 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 employeed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 or Block 12 or on an attachment with an address.

SIGNATURE: SIGNATURE AND TYPED OR PONTED LAME OF SIGNING OFFICER OR DIRECTOR

4/20/11

(305) *25*8-0302

Daytime Phone #