

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000025855 (4)

1. Corporation Name

SUZI AND SHALOM ENTERPRISES INC.



Principal Place of Business

247 POINCIANA ISLAND DRIVE
N. MIAMI BEACH FL 33160

Mailing Address

247 POINCIANA ISLAND DRIVE
N. MIAMI BEACH FL 33160

3. Date Incorporated or Qualified
03/29/1995

3a. Date of Last Report

2. Principal Place of Business

21 CAMP KINDERINA

2a. Mailing Address

26 247 POINCIANA ISL DR

4. FEI Number

65-0592759

Applied For

Not Applicable

Suite, Apt. #, etc.

22 335 SYLVAN LAKES

Suite, Apt. #, etc.

27 N.M.B

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

City & State

23 Hope Well Sound N.Y.

City & State

28 N.M.B 7C.33160

6. Election Campaign Financing
Trust Fund Contribution

X

\$5.00 May Be
Added to Fees

Zip

24 12533

Country

25 D.F.C.

Zip

29 33160

Country

30 D.A.D.

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

COHEN, CHALOM
247 POINCIANA ISLAND DRIVE
N. MIAMI BEACH FL 33160

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and address if applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME CHALOM COHEN

STREET ADDRESS 247 POINCIANA ISL DR

CITY-ST-ZIP N.M.B FL 33160

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SUZ

SUZ COHEN

247 POINCIANA ISL DR

N.M.B FL.

33160

900001812929

-05/08/96--01039--001

***200.00

400001812934

-05/08/96--01039--002

***8.75

800001812938

-05/08/96--01039--003

***5.00

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

Date

Daytime Phone #

1-3-96 9472181

CR2E034 (12/95)