

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

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PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED

97 OCT -9 PM 2:50

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DOCUMENT # P95000034237 (4)

1. Corporation Name
GAV-YAM DEVELOPMENT, INC.

Principal Place of Business: **1829 SOUTH OAK HAVEN CIRCLE NORTH MIAMI BEACH FL 33179**
 Mailing Address: **1829 SOUTH OAK HAVEN CIRCLE NORTH MIAMI BEACH FL 33179**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip
 24 Country

2a. Mailing Address
 26 P.O. Box 601052
 27 Suite, Apt. #, etc.
 28 City & State
 29 Zip
 30 Country

3. Date Incorporated or Qualified: **04/28/1995**
 3a. Date of Last Report: **05/29/1996**
 4. FEI Number: **65-0616606**
 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**GLAZER, ERIC M ESQ.
 20801 BISCAYNE BLVD.
 SUITE 405
 AVENTURA FL 33180**

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIAMA, SHLOMO	1.2 NAME	100002321341--5
STREET ADDRESS	1829 SOUTH OAK HAVEN CIRCLE	1.3 STREET ADDRESS	-10/15/97--01098--002
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	1.4 CITY-ST-ZIP	****165.00 ****165.00
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHARON SIAMA	2.2 NAME	
STREET ADDRESS	1829 S. OAKHAVEN CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

Handwritten signature and date: 10/13/97

14. I do hereby certify that the information supplied with this filing 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 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.

CR2E034 (4/97)

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SHLOMO SIAMA

17221 N.E. 11TH AVENUE
NORTH MIAMI BEACH, FLORIDA 33161

Division of Corporations
Annual Reports Section
P.O. Box 1500
Tallahassee, FL 32302-1500

**Re: Tashvit Investment, Inc.
Gav-Yam Development, Inc.**

Dear Sir or Madam:

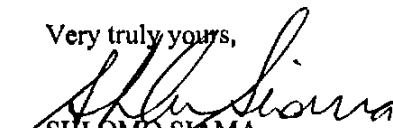
Enclosed please find annual reports for both Tashvit Investment, Inc. and Gav-Yam Development, Inc. I am also enclosing two checks, each in the amount of \$165.00, made payable to your office. While I understand that the current delinquency fee is \$750.00 to re-instate, please consider the following:

In November of 1996, I became estranged from my wife and moved out of my 1929 South Oak Haven Circle address in North Miami Beach and moved to my current address. My wife never gave me my mail, including the annual reports from your office.

I was shocked to just learn that the above corporations have been dissolved. I have both of these corporations for several years and never had any intentions of allowing them to lapse. Additionally, you will note that I have changed the locations of these corporations to reflect my new address. Please consider my unfortunate circumstances and waive the late fees. I can assure you that this will never happen again.

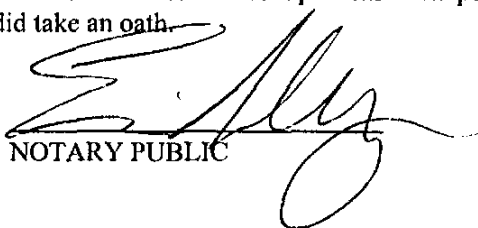
I sincerely thank you in advance for your cooperation in this regard and should you wish to discuss this matter further with me, you may call me at 305-785-0244.

Very truly yours,


SHLOMO SIAMA

STATE OF FLORIDA
COUNTY OF DADE

BEFORE ME on this 7th day of October, 1997, personally appeared Shlomo Siama, who after being fully sworn and deposed, stated that the foregoing is true and correct based upon his own personal knowledge. Mr. Siama is personally known to me and did take an oath.


NOTARY PUBLIC

