


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 10 1998 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # P95000034237 (4)
 1. Corporation Name
GAV-YAM DEVELOPMENT, INC.



| | |
|--|---|
| Principal Place of Business 1929 SOUTH OAK HAVEN CIRCLE NORTH MIAMI BEACH FL 33179 | Mailing Address P.O. BOX 601052 N. MIAMI BEACH FL 33160 |
|--|---|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|-----------------|------------------------|-----------------|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 04/28/1995 | |
| 21 Suite, Apt. #, etc. | 22 City & State | 26 Suite, Apt. #, etc. | 27 City & State | 4. FEI Number 65-0616606 | Applied For <input type="checkbox"/> Not Applicable |
| 23 Zip | 24 Country | 28 Zip | 29 Country | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 24 | | 25 | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | |
| 24 | | 25 | | 30 | |
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | |

| | | | | |
|---|--|--|--|---|
| 9. Name and Address of Current Registered Agent GLAZER, ERIC M ESQ. 20801 BISCAYNE BLVD. SUITE 405 AVENTURA FL 33180 | | | | 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 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 | |
| STREET ADDRESS | 1929 SOUTH OAK HAVEN CIRCLE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | NORTH MIAMI BEACH FL 33179 | 1.4 CITY-ST-ZIP | |
| 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 | 1929 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 | |

14. I 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.

SIGNATURE: **SHLOMO SIAMA** *[Signature]* **4/13/98** **305-795-0744**

CR2E034 (10/97)