

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

APPROVED
AND
FILED

1996 APR -2 PM 4: 21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000035143 (3)

1. Corporation Name

LIGAD FLORIDA, INC.

Principal Place of Business

Mailing Address

4 RAOUL WALLENBERG ST
TEL AVIV ISRAEL 68155

4 RAOUL WALLENBERG ST
TEL AVIV ISRAEL 68155

2. Principal Place of Business

2a. Mailing Address

21 FLORIDA
Suite, Apt. #, etc.

26 4 RAOUL WALLENBERG ST
Suite, Apt. #, etc.

22 City & State

27 City & State
TEL - AVIV ISRAEL

23 Zip Country

28 68155 ISRAEL

9. Name and Address of Current Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION
50 N LAURA ST
SUITE 3900
JACKSONVILLE FL 32202

3. Date Incorporated For Qualified

05/04/1995

3a. Date of Last Report

4. FEE Number

☒ Applied For
☐ Not Applicable

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 has liability for intangible tax under s. 199.032,
Florida Statutes. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name Intrastate Registered Agent Corporation
82 Street Address (P.O. Box Number is Not Acceptable)
701 Brickell Avenue, Suite 3000
83
84 City Miami FL 85 Zip Code 33131-3208

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 Donald W. Wallis, Vice President

Signature, typed or printed name of registered agent and title (applicable)

Signature, typed or printed name of new registered agent (applicable)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ DELETE
	D SCHULDENFREI, GIL	4 RAOUL WALLENBERG ST	TEL AVIV ISRAEL 68155	
	D SCHULDENFREI, DORON	4 RAOUL WALLENBERG ST	TEL AVIV ISRAEL 68155	
				☐ DELETE
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13.

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ CHANGE	☐ ADDITION
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ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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)(b), 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

Doron Schuldentfrei, March 12, 1996 932-3-648114

CR2E034 (12/95)