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

Mailing Address

16155 S.W. 117 AVE.

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

16155 8.W. 117 AVE.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000037517 (6)

HOLLY & IVY ENTERPRISES, INC.

FILED Apr 29 1997 8:00am Secretary of State

SUITE B-27 MIAMI FL 3317	7	Suite B-27 Miami FL 33177-1617				
					3. Date Incorporated or Qualified 05/11/1995	3a. Date of Last Report 05/01/1996
	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			65-0582035	Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	9	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Countr	y	8. This corporation has liability for a	
24	25	29	30]Yes ☐ No
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Re	gistered Agent
ORZ	ECHOWICZ, HOLLY		81	Name		
1619	55 SW 117TH AVE, B-27		82	Street Add	ress (P.O. Box Number is Not Acceptab	lle)
MIAI	MI FL 33177					
			83	3		
			84	City		85 7 p Code
			64	City		FL Process
office or re	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the ob	ate of Florida. Such change was	authorized b	y the corpora	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of changing its registered of the appointment as registered
SIGNATURE						
	Signature, typed or printed name of registered			junt signature requ	led when reinstating)	DATE
12.	PSTD OFFICERS A	AND DIRECTORS	13.	·	ADDITIONS/CHANGES TO OFFIC	Change Addition
	ORZECHOWICZ, HOLLY A	בַ טנגנונ				Change [_] Addition
NAME	18155 S.W. 117 AVE., SUIT	E Q 07	1.2 NAME			
STREET ADDRESS	MIAMI FL 33177	L UZI		T ADDRESS		
CITY-ST-ZIP TITLE	VD	DELETE	1,4 City - 2,1 Title	S1-ZIP		Change Addition
NAME	ORZECHOWICZ, STEVEN	<u> </u>	2.2 NAME	1		Change E Roomon
STREET ADDRESS	16155 S.W. 117 AVE., SUITI	F R97		1.4000000		
	MIAMI FL 33177	L OCI		I ADDRESS	•	
CITY-ST-ZIP TITLE	MIN THE COTT	☐ DELETE	2. 4 CITY - 3.1 TITLE	- 51 - ZIP		Change Addition
NAME		otte	32 NAME			C change D you don
STREET ADDRESS		•		I ADDRESS		
CITY-ST-ZIP			3.4. City			
TITLE		DELETE	4.1 7ITLE	-31 - 211		Change Addition
NAME			4. 2 NAME			
STREET ADDRESS				1 ADDRESS		
CITY-ST-ZIP			4.4 CITY -			
TITLE		DELFTE	5.1 7171, 8			Change Addition
NAME			5.2 NAME			
STREET ADDRESS				1 ADDRESS		
CITY-ST-ZIP			5.4 CITY-			
TITLE		DELETE	6.1 THUE			Change Addition
NAME			6.2 NAME			· ·
STREET ADDRESS				1 ADDRESS		
CITY-ST-7/P			64 City-	1		

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.

CIONATUDE

Holey ann

3-11-97 (305)251-4647