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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P95000053305 (5)

MOSHIACH CORPORATION

FILED Feb 03 1997 8:00am Secretary of State



Suite, Apt. #, etc. Suite, Apt. #, etc. 27 5. Certificate of Status (27 27 5. Certificate of Status (27 27 27 5. Certificate of Status (27 28 28 29 20 20 20 20 20 20 20	O4/08/1996 Applied For Not Applicable Desired S.75 Additional Fee Required Financing S.00 May Be Added to Fees Itability for intangible tax under s. 199.032.
28. Mailing Address 29. Principal Place of Business 20. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State City & State Country Cou	04/08/1996 Applied For Not Applicable Desired St.75 Additional Fee Required Financing St.00 May Be Added to Fees Itability for intangible tax under s. 199.032.
21 26 APPLIED FOR Suite, Apt. #, etc. 22 27 5. Certificate of Status (22 27 City & State City & State Country B. This corporation has Florida Statutes 9. Name and Address of Current Registered Agent To Name and Address Country	Desired \$8.75 Additionat Fee Required Financing \$5.00 May Be Added to Fees Itability for intangible tax under s. 199.032,
Suite, Apt. #, etc 22 City & State City & State City & State Country Registered Agent EEFRAIM, ISAC 460 SUNSET DRIVE 5. Certificate of Status (6. Election Campaign F Trust Fund Contributi Country 8. This corporation has Florida Statutes Florida Statutes Registered Agent 81 Name 82 Street Address (P.O. Box Number is No	Desired S8.75 Additional Fee Required S5.00 May Be added to Fees tability for intangible tax under s. 199.032,
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460 SUNSET DRIVE 82 Street Address (P.O. Box Number is No	of New Registered Agent
1941 SHEEL MUDGES (F.O. DOX NUMBER IS 190	
I WILL VITUALLE I L SOUVO	ot Acceptable)
63	
84 City	FL 85 Zip Code
Pursuant to the provisions of Sections 607,0502 and 607,1508. Florida Statutes, the above-named corporation submits this statement office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. The agent Ham familiar with and accept the obligations of Section 607,0505, Florida Statutes. SIGNATURE Signature, types or posted same of registered agent and the it applicable. INOTE: Registered Agent signature required when reinstating)	DATE
12. OF FICERS AND DIRECTORS 13. ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTORS IN 12
TILE P DELETE 1.1 TITLE	☐ Change ☐ Addition
INAME EFRAM, AVIVA 1.2 NAME	
STREET ADDRESS 460 SUNSET DRIVE 1.3 STREET ADDRESS	
CHY-ST-ZIP HALLANDALE FL 33009 1.4 CHY-ST-ZIP	
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NAME EFRAM, DAVID	
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City-St-7i° HALLANDALE FL 33009 44 City-St-7iP	TAURE .
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NAME 62 NAME	
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not merculy deruty that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Fiorida Statutes. I further certify that the information indicated on this annual report of supplementary invariant 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 charged, or on an attachment with an address.

SIGNATURE:

Daytime Priane #