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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # P9500061917 (7)

UP-TO-DATE OUTLET INC.

Mailing Address

7335 NW 83RD AVE TAMARAC FL 33321

Principal Place of Business

7335 NW 83RD AVE



TAMARAC FL	. 33321	TAMARAC FL 33321				
				08/10/1995	late of Last Report	
2. Principal Pla		2a. Mailing Address 26 1727 NS	1125461	4. FEI Number	Applied For	
21 32 7 Suite, Apt #		Suite, Apt. #, etc.	163 -37	43 0001079	Not Applicable	
22	r, etc.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23 N. M. C.	mi Beach, Fl.	28 N. Miami (Seach, F1.	Trust Fund ConInbution	Added to Fees	
Zp	Country	Z _I p_	Country	8. This corporation has liability for intangible		
24 331			30	Florida Statutes Yes No		
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Register		
******			81 Name G	ABRIEZ MAMAN	E	
MOYAL, YAIR				82 Street Address (P.O. Box Number is Not Acceptable) [727 N£ 163 554		
	N 83RD AVE		83 1 1	27 NZ 1637 ST		
IAMAHA	NC FL 33321		63		·	
			84 City	Miani Beach F	85 Zip Code 2 1 1 6 2 -	
11 Pursuant to	o the provisions of Sections 607 0500	and 607 1508 Etarida Statutas		Milami Black pration submits this statement for the purpose of		
or registere		 Such change was authorized. 		ard of directors. Thereby accept the appointment		
SIGNATURE _	Signature: typed or protect same of registerical agest a		Begisteris I Agéi 1 signature respir	outs so total de P. DAII		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A		
TITLE		DELETE	1 1 TITLE	D	Change Addition	
NAME	MOYAL, YAIR		12 NAME 6	ABRIEL MAMANE,	j	
STREET ADDRESS	4335 NW 83 Ave		1.3 STREET ADDRESS	1727 NE 143 - 51		
CITY - ST - ZIP	MOYAL, YAIR 7335 NW 83 CAVE N. M. M. M. BONG, FI	23164	1.4 CITY - ST - ZIP	ABRIEL MAMANE 1727 NE 163 25 St N. Miam. Beach, F1. 33	Change	
IIILE	·	DELETE.	2 1 1111.6	•	Change Addition	
NAME			22 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	2.4 CITY - ST - ZIP 3.1 TITLE		Change Addition	
NAME	• }		3.2 NAME			
STREET ADORESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4 City-St-ZiP			
TITLE		DELETE	4 1 TITLE		Change Addition	
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADORESS			
CITY ST ZIP			4.4 City - \$1 - 2iF			
TITLE		☐ DELETE	5 1 TILLE		Change	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STHEET ADDRESS			
CITY - S1 - ZIP	L		5.4 CITY - ST - ZIF			
TITLE		DELETE	6 1 TIFLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			63 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP			
14 Ldo herebi	vicedify that the information supplied vi	iti this filmous valuntarile furnish	ed and does not qualify	for the exemption stated in Section 119 07(3)(k)	Florida Statutas I fudbar	

4. To nereby certify that the information supplies with this iming is voluntarily furnished and does not quality for the exemption stated in Section 119.07(s)(k), Florida Statities Fluctuer certify that the information indicated on this annual report or suppliemental 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 comporation 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 OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

6/6/96 305-940-1202

CR2E034 (12/95)