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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000087115

1. Corporation Name

FILED Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90011 009 ***150.00

SHEKEL	BUSINESS, INC.			ļ			
Principal Place	e of Business	Mailing Address			I 1921/991 (IN 1810) SIGN DRIN ORNI ASIIK ()1001 BHI FOOF
1368 N.E. 163R	O STREET	1368 N.E. 163RD \$	STREET	}		-	
NORTH MIAMI BEACH FL 33162 NORTH MIAMI BEACH FL 33			CH FL 33162		DO NOT WRITE IN THIS SPACE		
				}	3. Date Incorporated or Qualifed	7.00	
					11/13/1995		:
2. Principal P	lace of Business	2a. Mailing Addre	\$S		4. FEI Number	Apr	lied For
21		26			65-0677994		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #,	etc.		5. Certifcate of Status Desired	\$8.75 A Fee Re	
City & Stat		City & State			6. Election Campaign Financing	\$5.00	
23	G	28			Trust Fund Contribution	Added to	•
Zip	Country	Zip	Country		8. This corporation owes the current year	r Intangible	
24	25	29	30		Personal Property Tax.		□No
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Registe	red Agent	
COL	ICM ALICTIM		81	Name	Cohen Au	Stan	
	HEN, AUSTIN D. N.E. 192ND ST. APT. 505		82	Street Addres	s (P.O. Box Number is Not Acceptable)	-	_
	.B. FL 33180			21	2 18 181		
1.4-141	.b. 1 L 33100		83	~,			
l			84	City N	MB.	. 85 Zip C	ode
		500 - 1 007 4500 Fl14	<u> </u>			of changing its	مهايج
11. Pursuant office or r	to the provisions of Sections 607.05 registered agent, or both, in the Stat	502 and 607.1508, Florid te of Florida. Such chang	a Statutes, the above e was authorized by t	-named corporation'	ation submits this statement for the purpos s board of directors. I hereby accept the a	pointment as reg	jistered
agent. I a	m familiar with, and accept the oblig	gations of, Section 607.0	505, Florida Statutes.				
SIGNATURE			(NOTE: Registered Agent	-t-anti-and	hen reinstaturu) DATI		
12.	Signature, typed or printed name of registered as	AND DIRECTORS	13.	signature required w	ADDITIONS/CHANGES TO OFFICERS		RS IN 12
TITLE	PD	DE				Nange	Addition
NAME	COHEN, DAVID		1.2 NAME				
STREET ADDRESS	3530 MYSTIC POINTE DRIVE		1.3 STREET	ADDRESS	21572754		
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33		1.4 CITY-ST	-ZiP	N.MA FL 331	60 -	
TITLE	VD	□ DE				Change	Addition
NAME	COHEN, RIVKA		2.2 NAME	~	12 107 sit		
STREET ADDRESS	3530 MYSTIC POINTE DRIVE		2.3 STREET	ADORESS O	10/01		
CiTY-ST-ZIP	NORTH MIAMI BEACH FL 33	180	2.4 C/TY-S1	r-zip (15 1875t		
TITLE		☐ DE	LETE 3.1 TITLE			☐ Change	☐ Addition
NAME			3.2 NAME		•		
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP	i			1	+		
TITLE			3.4. CITY- ST	r-ziP	,		
TITLE		□ DE	LETE 4.1 TITLE	r-zip		☐ Change	Addition
NAME		□ DE	LETE 4.1 TITLE 4.2 NAME			☐ Change	☐ Addition
		☐ DE	4.1 TITLE 4.2 NAME 4.3 STREET	ADORESS		☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP			LETE 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-ST	ADORESS			
NAME STREET ADDRESS CITY-ST-ZIP TITLE		□ DE	.ETE 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 C/TY-ST .ETE 5.1 TIYLE	ADORESS		☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-ST LETE 5.2 NAME	ADORESS -ZIP			
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-ST 4.4 CITY-ST 5.1 TITLE 5.2 NAME 5.3 STREET	ADDRESS - ZIP ADDRESS			
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		(☐ DE	4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-ST 4.4 CITY-ST 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-ST	ADDRESS - ZIP ADDRESS		☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			LETE 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-ST LETE 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-ST LETE 6.1 TITLE	ADDRESS - ZIP ADDRESS			
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		(☐ DE	LETE 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-ST 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-ST LETE 6.1 TITLE 6.2 NAME	ADDRESS -ZIP ADDRESS -ZIP		☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		(☐ DE	LETE 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-ST LETE 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-ST LETE 6.1 TITLE	ADDRESS -ZIP ADDRESS -ZIP ADDRESS		☐ Change	☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR C