

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Apr 22 1997 8:00am
Secretary of State

DOCUMENT # P95000089805 (2)

1. Corporation Name

ESCROW INVESTMENTS, INC.



Principal Place of Business

5473 N. UNIVERSITY DR. #345
LAUDERHILL FL 33351

Mailing Address

5473 N. UNIVERSITY DR. #345
LAUDERHILL FL 33351-5002

2. Principal Place of Business

21 4225 NW 88 AVE #113
Suite, Apt. #, etc. SUNRISE FL

22 113

City & State

23 SUNRISE FL

Zip

24 33351

Country

25 USA

2a. Mailing Address

26 4225 NW 88 AVE
Suite, Apt. #, etc.

27 113

City & State

28 SUNRISE FL

Zip

29 33351

Country

30 USA

3. Date Incorporated or Qualified

11/21/1995

3a. Date of Last Report

04/30/1996

4. FEI Number

65-0622618

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

9. Name and Address of Current Registered Agent

YAVNEH, JONATHAN S
5473 N. UNIVERSITY DR. #345
LAUDERHILL FL 33351

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

4225 NW 88 AVE

#113

84 City

SUNRISE FL

85 Zip Code

33351

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

Signature of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-10-97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D YAVNEH, JONATHAN S
STREET ADDRESS 5473 N. UNIVERSITY DR. #345
CITY-ST-ZIP LAUDERHILL FL 33351

TITLE ☐ DELETE

NAME PVST YAVNEH, JONATHAN S
STREET ADDRESS 5473 N. UNIVERSITY DR. #345
CITY-ST-ZIP LAUDERHILL FL 33351

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 certified, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

A-10-97

Date

954898548

Daytime Phone #

0291807

CR2E034 (9/96)