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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000002935 (0)

MAZEL INTERNATIONAL, INC.

| Principal Place of Business | Mailing Address |
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| 7050 W PALMETTO PARK RD BOCA RATON FL 33433 | 7050 W PALMETTO PARK RD BOCA RATON FL 33433 |
| Principal Place of Business | 2a. Mailing Address |

FILED Apr 28 1998 8:00am Secretary of State



| TOO W PALLETTO PARK RD BOCA RATON FL 33433 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified O11(6):1986 2. Principal Place of Business 2. A Mailing Address 2. Sulfe, Apt. #, etc. 2. Principal Place of Business 2. Sulfe, Apt. #, etc. 2. Sulfe, Apt. #, etc. 2. City & State 3. Certificate of Status Desired S. Certificate of Status Desired S. F. Fa Addition Fee Required 3. Date Incorporated or Qualified O11(6):1986 6. Flection Campaign Francing Fee Required 3. City & State 3. City & | Principal Place of Business Mailing Address | | | # (807)06) ILD 1010 TOHE BOILE BOILL BOILL BOILL BOILL BOILD 1010 1010 1011 1011 | | | | |
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| BOCA RATON FL 39433 BOCA RATO | | | RK RD | | | | | |
| 2. Principal Place of Business 2a, Mailing Address 4, FEL Number Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. | | | | | | | | |
| 2. Principal Piace of Business 2s. Mailing Address 4. FEI Number Applied For Not Applicable Solid-Apt. 4, etc. Solid-Apt. 4 | | | | | | | | |
| 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65-0635033 Not Applicable for | | | | | | | l · | |
| Sulfie, Apt. #, etc. | B Delmalmal D | Hoos of Business | Les Mailing Addross | | | | | |
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| City & State City & Country St. Disconposition makes of current Registered Agent City | | | | | | | CO 75 Additional | |
| City & Statle 23 | • | | ├ ┐ | — | | | | |
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| GOLDMAN, GNNY L 2050 N. CONGRESS AVE., #L-208 WEST PALM BEACH FL 33401 22 Street Address (P.O. Box Number is Not Acceptable) 23 Street Address (P.O. Box Number is Not Acceptable) 24 City 25 Street Address (P.O. Box Number is Not Acceptable) 26 City 27 OFFICERS AND DIRECTORS 28 Street Address (P.O. Box Number is Not Acceptable) 29 DATE 10 DELETE 20 Street Address (P.O. Box Number is Not Acceptable) 20 Street Address (P.O. Box Number is Not Acceptable) 27 OFFICERS AND DIRECTORS 28 Street Address (P.O. Box Number is Not Acceptable) 29 DATE 10 DELETE 11 TITLE 12 OFFICERS AND DIRECTORS 13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14 City - 1 TITLE 15 OFFICERS AND DIRECTORS 16 Addition 17 Addition 18 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 18 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19 OFFICERS AND DIRECTORS 10 DELETE 10 DELETE 11 STREET ADDRESS 11 TITLE 11 City - 1 TITLE 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 Addition 13 STREET ADDRESS 14 CITY - 51-27P 17 DELETE 18 STREET ADDRESS 18 STREET ADDRESS 19 STREET ADDRESS 19 STREET ADDRESS 10 STREET ADDRESS 10 Change Addition 10 DELETE 11 TITLE 12 TITLE 13 STREET ADDRESS 14 CITY - 51-27P 17 DELETE 18 STREET ADDRESS 19 STREET ADDRESS 19 STREET ADDRESS 10 STREET ADDRESS 10 STREET ADDRESS 11 STREET ADDRESS 12 STREET ADDRESS 13 STREET ADDRESS 14 CITY - 51-27P 17 DELETE 18 STREET ADDRESS 19 STREET ADDRESS 19 STREET ADDRESS 10 STREET | 24 | 25 | 29 | 30 | | | | |
| SIGNATURE 11. Pursuant to the provisions of Sections 607 0502 and 607 1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered argond, 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, 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, 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, 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, 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, or both appointment as registered agent, and accept the oppointment as registered agent, and accept the oppointment as registered agent, and accept the appointment as registered agent, and accept the oppointment as registered agent, and accept the appointment as registered agent, and | | 9. Name and Address of Cur | | | | | 10. Name and Address of New Registered Agent | |
| 2050 N. CONGRESS AVE., #L-208 WEST PALM BEACH FL 33401 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code 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 heroby accept the appointment as registered agent and familiar with, and accept the obligations of Section 67.0505, Florida Statutes, the above-named corporation's board of directors. I heroby accept the appointment as registered by the corporation's board of directors. I heroby accept the appointment as registered by the corporation's board of directors. I heroby accept the appointment as registered by the corporation's board of directors. I heroby accept the appointment as registered agent signature required when reinstance) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 13. TITLE | GC | NOMAN GINNY I | | | 81 | Name | | |
| WEST PALM BEACH FL 33401 B3 B4 City | | | na . | | 82 | Stroot | Address (P.O. Box Number is Not Accentable) | |
| ### Presument to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the abover-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 authorised by the corporation's board of directors. I hereby eccept the appointment as registered signed, and accept the obligations of, Section 607,0505, Florida Statutes. ### Signature typed or preted name of registered agent agent and time it application. ### Signature typed or preted name of registered agent agent and time it application. ### OFFICERS AND DIRECTORS ### 12. | | | | | | 311001 | Address (1.0. box runiber is not hoodplusto) | |
| 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, and tamiliar with, and accept the obligations of, Soction 607,0505, Florida Statutes. SIGNATURE Signature typed or printed name of registered agent and time if applications. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE PD NISSIM, ORA 12 NAME NISSIM, ORA 12 NAME SIRET ADDRESS 5970 SW 18TH STREET 13. STREET ADDRESS 5970 SW 18TH STREET 14. CITY-ST-ZIP DELETE 2 NAME 22 NAME 22 NAME 33. STREET ADDRESS CITY-ST-ZIP DELETE 3.1 TITLE Change Addition Addition AMAE SIRET ADDRESS CITY-ST-ZIP DELETE 3.3 STREET ADDRESS CITY-ST-ZIP Change Addition Addition Addition ALCHY-ST-ZIP DELETE 3.1 TITLE ALCHY-ST-ZIP Change Addition Addition ALCHY-ST-ZIP Change Addition ALCHY-ST-ZIP DELETE 3.1 TITLE ALCHY-ST-ZIP Change Addition ALCHY-ST-ZIP Change Addition ALCHY-ST-ZIP Change Addition ALCHY-ST-ZIP ALCH | *** | | | | 83 | | | |
| 11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Statutes, and familiar with, and accorpt the obligations of, Soction 607,0505, Florida Statutes. SIGNATURE 12. | | | | | 84 | City | EI 85 Zip Code | |
| SIGNATURE Signature typed or printed neme of registered Agent alignature required when reinsisting) DATE 12. | 44 12 | to the consistence of Continue CO2/ | 2502 and 607 1508 Florida Ptol | uton the o | | namad | | |
| SIGNATURE Signature typed or printed neme of registered Agent algorithm of the it is payk-rable NOTE Registered Agent algorithm required when reirration(s) DATE | office or i | registered agent, or both, in the St | ate of Florida. Such change wa | s authorize | d by | the cor | rporation's board of directors. I hereby accept the appointment as registered | |
| Signature typed or printed name of registreed agent and title it applicables NOTE Registered Agent tignature required when reinelating) DATE | agent. I a | im familiar with, and accept the ob | oligations of, Section 607.0505, | Florida Sta | tutes | i. | | |
| TITLE | SIGNATURE | Signature, typed or printed name of registered | I agent and title if applicable (N | OTE Registere | d Age | nt signature | e required when reinstating) DATE | |
| NISSIM, ORA 12 NAME 13 STREET ADDRESS | 12. | OFFICERS. | | 13. | | | | |
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14. Thereby 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.