FILED Aug 05, 1999 8:00 am Secretary of State

08-05-1999 90012 050 ***150.00

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	P96000003346
i. Corporation Name	

ITAI-JUDAICA SUPPLIES, INC.

	, , , , , , , , , , , , , , , , , , ,						
Principal Place	e of Business	Mailing Address					
2490 NE MIAMI		2470 NE MIAMI GARDE	ns drive				
NORTH MIAMI E	BEACH FL 33180	NORTH MIAMI BEACH I	FL 33180				
		US				DO NOT WRITE IN THIS SPACE	_
						3. Date incorporated or Qualified 01/01/1996	
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number Applied For	4
21						65-0635902 Not Applicable	1
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired \$8.75 Additional		
22	. <u> </u>	27	27			Fee Required	_
City & State	e	City & State			6. Election Campaign Financing \$5.00 May Be	Į	
23		28				Trust Fund Contribution	4
Zip	Country	Zip	Cou	ıntry		8. This corporation owes the current year	
24		29	30			Intangible Personal Property. Yes No	4
	9. Name and Address of Curre	nt Registered Agent		2.1		10. Name and Address of New Registered Agent	4
MCN	ALIEM DAVID			81	Name	•	
	ahem, david Ne miami gardens drive			82	Street Addres	ss (P.O. Box Number is Not Acceptable)	٦
•	TH MIAMI BEACH FL 33180						\dashv
NON	IFI WIAMI DEACH FE 33100			83			
				84	City	85 Zip Code	ヿ
	<u></u>			<u>i </u>		FL 60 2 P 600	4
11. Pursuant	t to the provisions of sections 607.05	02 and 607.1508, Florida Sta	tutes, the at	ove-r	named corpora	ation submits this statement for the purpose of changing its registered n's board of directors. I hereby accept the appointment as registered	
agent. 1 a	registered agent, or both, in the State am familiar with, and accept the oblig	gations of, section 607.0505	, Florida Sta	tutes.	по согропцо	ing board of anotions. Thereby accept the appearance to regarden	- {
SIGNATURE							-}
	Signature, typed or printed name of registered ag				ent signature requir	red when reinstating) DATE	
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	\dashv
TITLE	D	L DELETE			į	Change Addition	'
NAME	MENAHEM, DAVID	AIL Adm	1.2 N				-
STREET ADDRESS	2470 NE MIAMI GARDENS DR	IIVE	1.3 \$1	1.3 STREET ADDRESS			
CITY-ST-ZIP	NORTH MIAMI BEACH FL			TY-ST-	ZiP		4
TITLE		DELETE	2.1 TI	TLE		Change Additi	
NAME			2.2 N	AME			ļ
STREET ADDRESS			2.3 \$	REET /	ODRES\$		
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NAME			3.2 N	AME			1
STREET ADDRESS			3.3 S	TREET	ADDRESS		
CITY-ST-ZIP			3.4 C	ITY-ST-	ZIP		긕
TITLE		DELETE	4.1 T	TLE		Change Addition	۱
NAME			4.2 N	AME			Í
STREET ADDRESS			4.3 S	REET A	NDORESS		
CITY-ST-ZIP			4.4 C	ITY-ST-	ZIP		_}
TITLE		DELETE	5.1 T	ITLE		Change Addition	ι
NAME			5.2 N	AME			
STREET ADDRESS			5.3 8	TREET	ADDRESS		-]
CITY-ST-ZIP			5.4 C	ITY-ST-	ZIP		\perp
TITLE		DELETE	6.1 T	TLE		Change Addition	1 {
NAME	{		6.2 N	AME			- [
STREET ADDRESS	į		6.3 S	TREET /	ADDRESS	`	-

14. 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. SIGNATURE:

Daytime Phone #

GARY PAUL WACHSMAN CPA PA +++

6515 VIA ROSA BOCA RATON FL 33433 Phone (561) 367-1378 Fax (561) 367-9470

JULY 24,1999

601777-90012-50 P96000003346

ANNUAL REPORTS FILINGS DIVISION OF CORPORATIONS PO BOX 6327 TALLAHASSEE FL 32314

GENTLEMEN:

ENCLOSED IS MY CLIENTS 1999 ANNUAL REPORT TOGETHER WITH A CHECK FOR \$ 150.

WE UNDERSTAND THAT THIS REPORT AND PAYMENT IS LATE, BUT WE WOULD APPRECIATE YOUR ACCEPTING THIS REPORT AND PAYMENT.

MY CLIENT HAS FOUR (4) CORPORATIONS WITH THE NAME BEGINNIG WITH "ITAI". ITAI JUDAICA SUPPLIES IS A MONTHLY CLIENT OF MINE AND THE OTHER THREE CORPORATIONS ARE ANNUAL CLIENTS. IN MY PREPARATION OF ITAI JUDAICA SUPPLIES INC MARCH 1999 FINANCIAL STATEMENTS I NOTICED A CHECK FOR \$ 150 TO THE FLORIDA DEPARTMENT OF STATE (COPY ENCLOSED). EVERY YEAR I REQUEST BLANK FORMS FROM THE DEPARTMENT FOR THOSE CLIENTS WHO HAVE NOT RECEIVED THEIR REPORTS. IN THIS CASE, MY CLIENT HAD MADE A PAYMENT WHICH I ASSUMED WAS FOR ITS ANNUAL REPORT AND THUS DID NOT COMPLETE A BLANK FORM AS THE CLIENT IN REALITY DID NOT RECEIVE ITS ANNUAL REPORT. MY CLIENT HAD RECEIVED ALL THE OTHER "ITAI" REPORTS.

IF THERE ARE ANY QUESTIONS PLEASE CONTACT ME.

~€INCERELY,

GARY PAUL WACHSMAN CPA

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THIS CHECK IS DELIVED OF SOIL PASMENT ON PHE FOLLOWING ACCOUNTS DATE AMSONE	fre eine angebragen ber an an an ferienen benbre and bei ber ber bet bit bei bit bitt ber bitt ber bitt ber bei bet betre bei bei bei bei bei bei bei bei bei be	and the second s
FEI 65 038 4126	ITAI-JUDAICA SUPPLIES, INC. 2470 NORTHEAST MIAMI GARDEN DRIVE	5397
	NORTH MIAMI BEACH, FL 33180 PHONE 305-931-1831	63-398/670
TOTAL LESS % DISCOUNT	TO THE OF FL Dee Por of state	\$ 150%
LESS . TOTAL DEDUCTIONS	WHEN HELD TO LIGHT, IF CINCULAR WATERMARKS ARE NOT PRESENT, OD NOT CASH, BET BACK FOR ADE	DOLLARS
AMOUNT OF CHECK	Barnett 037-050 18201 NE 19th Avenue N. Miami Beach, Fl 33162	\mathcal{N}
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	" 10670039851: 15962613801"	"OOOOO 1 5000"

MATI DASBOAXX
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