## 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

## DOCUMENT # P96000014806 (9)

H. WAINSHAL, CONSULTANTS, INC.

10070 NORTHWEST 7TH STREET PLANTATION FL 33324		Mailing Address					
		10070 NORTHWEST 7TH STREET PLANTATION FL 33324-1052				•	
					3. Date Incorporated or Qualified 02/16/1996	3a. Date of	Last Report
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	<u></u>	Applied For
21		26			65-0641271		Not Applicable
Suite, Apt	t #, etc.	Suite, Apt #, etc.			5. Certificate of Status Desired		.75 Additional
Cily & Sial	itri	City & State		****	····		ee Required
23	ut:	28 28			Election Campaign Financing     Trust Fund Contribution		5.00 May Be added to Fees
Zip	Country	Zip	Cour	ntry	8. This corporation has liability for i		
24	25	29	30			Yes No	
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Re	glatered Agent	
	INSHAL, HAROUZI		l'	81 Name	•		
10070 N.W. 7TH STREET			1	82 Street Add	lress (P.O. Box Number is Not Acceptab	le)	<del></del>
PLA	ANTATION FL 33324					<u> </u>	
			[	B3			
			:	84 City		- 85	Zip Code
					poration submits this statement for the p	FL "	<u> </u>
agent La SIGNATURE	am famihar with, and accept the obt	ligations of, Section 607.0505, Fk	orida Statu	ites.	tion's board of directors. I hereby accep		ant as registered
12.	Signature, typed or printed name of registered a		E: Registered	Agent signature requi	ired when reinstating)	DATE	OZOBO IN TO
THLE	PSTD	IND DIRECTORS  DELETE	1.1 TITU	F	ADDITIONS/CHANGES TO OFFIC	EHS AND DIRE	
NAME	WAINSHAL, HAROUZI	E DELEVE	1.2 NA	i			larige
STREET ADDRESS	AGGRA SIGNATINGTON WILL OF	REET		EET ADDRESS			
City - S* - ZiP	PLANTATION FL 33324			Y-\$1-ZIP			
THLE	V0	☐ DELETE	2.1 TITL	<del></del>		□ CI	hange Addition
NAME	WAINSHAL, YAEL		2.2 NAI	ME			
STHEE! ADDRESS		reet	2 3 STR	EET ADDRESS			
CCFY+ST+ZCP	PLANTATION FL 33324		2. 4 CIT	Y-ST-ZIP			
THEF		☐ DELETE	3.1 TITL	.E		□ ci	hange Addition
NAME			3.2 NA	AE .			
STREET ADDRESS			1	EET ADDRESS			
CHY-ST-ZIP		☐ DELETE		Y-ST-ZIP			ware Elevery
TITLE NAME		☐ nerrag	4.1 TITL 4. 2 NA				hange L Addition
STREET ADDRESS				1			
				EET ADDRESS			
CHY-SL-ZIP TITLE		DELETE	5.1 TiTL	Y-ST-ZIP .E		☐ C	hange Addition
NAME			5.2 NAM				
STREET ADDRESS			5.3 STR	EET ADDRESS			
CITY-ST-7IP				Y-ST-ZIP			
TITLE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ DELETE	6.1 TiTL			☐ Cr	hange 🔲 Addition
NAME			6.2 NAM	AE			
STHEET ADDRESS			6.3 STR	EET ADDRESS			
C(IY+SI+Z)P			6.4 CIT	Y-ST-ZIP			
14. I do here information I am an c	on indicated on this annual report o	r supplemental annual report is to or the receiver or trustee empow	y for the erue and ac ered to ex	xemption state	d in Section 119.07(3)(i), Florida Statute tt my signature shall have the same lega ort as required by Chapter 607, Florida S	l effect as if ma	de under oath: th

SIGNATURE: Harouzi Wainshal

**FILED** 

Apr 14 1997 8:00am

Secretary of State