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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000019074 (9)

JEWISH QUALITY SINGLES, INC.

FILED Mar 04 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						TO STATE THE PARTY OF THE PARTY	1 11010 IEII	1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1011 B101 1 00 1	
1780 NE 191ST ST #513 1780 NE 191ST ST #513										
N MIAMI BEACH FL 33179 N MIAMI BEACH FL 331						DO HOTHER WATER		_		
						DO NOT WRITE IN TH	IS SPAC	<u>/</u> E		
						3. Date Incorporated or Qualified				
2 Principal	Place of Business	2a. Mailing Address				03/01/1996 4. FEI Number				
	LINCA OLI DUSHINOS	—							pplied For	
Suite, Ap	t # atc	Suite, Apt. #, etc.				65-0652060	Not Applicable			
			-τρι. π, οι σ.			6. Certificate of Status Desired			Additional equired	
27									 	
23 28						6. Election Campaign Financing Trust Fund Contribution □			May Be	
Zip	Country	Zip	o Country						to Fees	
24				y		This corporation owes or has paid the Personal Property Tax due June 30.	Current y		tangible No	
24)	9. Name and Address of Currer		30]	-		10. Name and Address of New Register	_			
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	IAURICE, EL ALOUF		Ĺ							
1780 NE 191ST ST #513] 6	2 S	treet Addr	reet Address (P.O. Box Number is Not Acceptable)				
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			Ē	4 C	ity	-	., 85	Zip	Code	
44 Duranan	to the provisions of Continue COZ OCO	0 CO7 4000 F(L ºº	ـــــ		
office or	registered agent, or both, in the State	of Florida. Such change was	authorized	ove-na by the	corporat	poration submits this statement for the purposion's board of directors. I hereby accept the a	∍ or cnar appointm	iging it ient as	registered	
agent. I	am familiar with, and accept the oblig	ations of, Section 607.0505, FI	orida Statut	es.	•	•	• •		-	
SIGNATURE										
12,	Signature, typed or printed name of registered agr	int and title if applicable (NOT D DIRECTORS	E: Registered #	lgent sig	gnature require	ed when reinstating) DATI ADDITIONS/CHANGES TO OFFICERS A		COTO	00 IN 10	
TITLE	P OFFICERS AIN	DELETE	13.	:	1 .	ADDITIONS/CHANGES TO OFFICERS A		ECTOR Change	S IN 12	
NAME	MAURICE, EL ALOUF				ļ		البال	រមេបស្ពិស	TT VOUIDON	
	ARAB NE ALAT DE MELA		1.2 NAM							
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NAME			5.2 NAM	E						
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STREET ADDRESS			6.3 STRE		ess	6000024471 -03/04/9801094	J10			
CITY-ST-ZIP			6.4 CITY			***150.00				

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.

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