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FILED

**May 06 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000050711 (6)

1. Corporation Name
HOLYLAND TREASURES, INC.



Principal Place of Business
**4001 HILLCREST DR., #506
HOLLYWOOD FL 33021**

Mailing Address
**4001 HILLCREST DR., #506
HOLLYWOOD FL 33021-7925**

3. Date Incorporated or Qualified **06/13/1996** 3a. Date of Last Report

2. Principal Place of Business
21 **13491 NW 6th Drive** 26 **13491 NW 6th Dr.**
Suite, Apt. #, etc.

4. FEI Number **65-0673120** Applied For
Not Applicable

22 **Plantation, FL** 27 **Plantation, FL**
City & State

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 **33325** 25 **Broward** 29 **33325** 30 **Broward**
Zip Country

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

9. Name and Address of Current Registered Agent
**CORPORATE ACCESS, INC.
1116-D THOMASVILLE RD.
TALLAHASSEE FL 32303**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

10. Name and Address of New Registered Agent
81 Name
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 hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	P	<input type="checkbox"/> DELETE
NAME	HAREL, DR. SAMUEL	
STREET ADDRESS	4001 HILLCREST DR., #506	
CITY - ST - ZIP	HOLLYWOOD FL 33021	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HAREL, ALON Y	
STREET ADDRESS	4001 HILLCREST DR., #506	
CITY - ST - ZIP	HOLLYWOOD FL 33021	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HAREL, EREZ	
STREET ADDRESS	4001 HILLCREST DR., #506	
CITY - ST - ZIP	HOLLYWOOD FL 33021	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HAREL, GALIT S	
STREET ADDRESS	4001 HILLCREST DR., #506	
CITY - ST - ZIP	HOLLYWOOD FL 33021	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HAREL, MICHAL	
STREET ADDRESS	4001 HILLCREST DR., #506	
CITY - ST - ZIP	HOLLYWOOD FL 33021	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	13491 NW 6th Drive	
1.4 CITY - ST - ZIP	Plantation FL 33325	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	"	
2.4 CITY - ST - ZIP		
3.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	"	
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	3947 Carpenter Avenue, #205	
5.4 CITY - ST - ZIP	Stoke City CA 91604	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 changed, or on an attachment with an address.

SIGNATURE: _____ **EREZ HAREL** **4/24/97** **(954) 846 0215**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)