

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

*Amended*

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris, Secretary of State  
DIVISION OF CORPORATIONS

99 AUG 13 AM 9:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 1. Corporation Name  
P9600005011  
Holyland Treasures, Inc.

Principal Place of Business: 9860 SW 4th St. Plantation, FL 33324  
Mailing Address: PO Box 550278 Fort Lauderdale, FL 33355

DO NOT WRITE IN THIS SPACE

21	2. Principal Place of Business	2a	Mailing Address	4	FBI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-0673120	Not Applicable
22	City & State	27	City & State	5	Certificate of Status Desired	\$8.75 Additional Fee Required
	Zip	28	Country		<input type="checkbox"/>	
23	City & State	27	City & State	6	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
	Zip	28	Country		<input type="checkbox"/>	
24	Zip	29	Country	8	This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
Harel, Alon				81 Name			
9860 SW 4th St.				82 Street Address (P.O. Box Number is Not Acceptable)			
Plantation, FL 33324				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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Harel, Dr. Samuel		1.2 NAME	400002964274--7	
STREET ADDRESS	9860 SW 4th St.		1.3 STREET ADDRESS	-08/19/99--01039--013	
CITY-ST-ZIP	Plantation, FL 33324		1.4 CITY-ST-ZIP	*****61.25 *****61.25	
TITLE	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Harel, Alon Y		2.2 NAME	President	
STREET ADDRESS	9860 SW 4th St.		2.3 STREET ADDRESS	Harel, Bilha	
CITY-ST-ZIP	Plantation, FL 33324		2.4 CITY-ST-ZIP	same	
TITLE	<input type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Harel, Bilha		3.2 NAME		
STREET ADDRESS	9860 SW 4th St.		3.3 STREET ADDRESS		
CITY-ST-ZIP	Plantation, FL 33324		3.4 CITY-ST-ZIP		
TITLE	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Shapiro, Michelle		4.2 NAME		
STREET ADDRESS	4461 Stern Ave.		4.3 STREET ADDRESS		
CITY-ST-ZIP	Sherman Oaks, CA 91428		4.4 CITY-ST-ZIP		
TITLE	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE: *[Signature]* 7/27/99 954 915 0215

CR2E034 (1/198)