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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000103114

1. Corporation Name

Laoin	LE, INC.					1	. , , , , , , , , , , , , , , , , , , ,
Principal Place	of Rusiness	Mailing Address			7		, hammer
1300 MOFFETT STREET, SUITE 202 1300 MOFFETT STREET, SUITE 202							
HALLANDALE FL 33009 HALLANDALE FL 33009					DO NOT WOITE IN	THE SPACE	
					DO NOT WRITE IN 3. Date Incorporated or Qualifed	THIS SPACE	
					01/01/1997		
2 Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	App	lied For
21	ado di Basillese	26			65-0718698	Not	Applicable
Suite, Apt.	¥, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Ac	
22		27			5. Certificate bi Status Desired	Fee Req	uired
City & State	3	City & State			6. Election Campaign Financing	\$5.00 N	•
23		28			Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country		8. This corporation owes the current ye		⊒No
24	25		30		Personal Property Tax. 10. Name and Address of New Regis		
	9. Name and Address of Currer	nt Registered Agent	81 Na	ame	(U. Name and Address of New Rogis	<u> </u>	
SASO	ON, OVADYA						
l .	MOFFETT ST		82 St	treet Addres	ss (P.O. Box Number is Not Acceptable)		
STE 202		83					
HALL	ANDALE FL 33009					95 7 C	
			84 Ci	ity		FL 85 Zip Co	ode
agent. I ar	egistered agent, or both, in the State in familiar with, and accept the obligation Stgnature, typed or printed name of registered age	ations of, Section 607.0505, Flori	ida Statutes. Registered Agent sign		a's board of directors. I hereby accept the		
	OFFICERS AN			nature reduited		RS AND DIRECTOR	RS IN 12
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE		RS IN 12
TITLE	PTD		13. 1.1 TITLE	V, 5	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTOR	RS IN 12 Addition
TITLE NAME	PTD SASON, OVADYA	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME	V, 5	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTOR	RS IN 12 Addition
TITLE NAME STREET ADDRESS	PTD SASON, OVADYA 1300 MOFFETT STREET, SUIT	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADD	V, S	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTOR	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SASON, OVADYA 1300 MOFFETT STREET, SUIT HALLANDALE FL 33009	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME	V, S	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTOR	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PTD SASON, OVADYA 1300 MOFFETT STREET, SUIT HALLANDALE FL 33009 VSD	DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADD 1.4 CITY-ST-ZIP	V, S	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTOF ☐ Change	Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME	PTD SASON, OVADYA 1300 MOFFETT STREET, SUIT HALLANDALE FL 33009 VSD LEVI, ITZHAK	DELETE TE 202	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADD 1.4 CITY-ST-ZIP 2.1 TITLE	DRESS	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTOF ☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PTD SASON, OVADYA 1300 MOFFETT STREET, SUIT HALLANDALE FL 33009 VSD LEVI, ITZHAK 1300 MOFFETT STREET, SUIT	DELETE TE 202	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADD 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	DRESS DRESS	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTOR Change	Addition Addition
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TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME	PTD SASON, OVADYA 1300 MOFFETT STREET, SUIT HALLANDALE FL 33009 VSD LEVI, ITZHAK 1300 MOFFETT STREET, SUIT	DELETE TE 202 TE 202	13. 1.1 TITLE 12 NAME 1.3 STREET ADD 14 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADD 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	ORESS P	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTOF Change Change	Addition Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	PTD SASON, OVADYA 1300 MOFFETT STREET, SUIT HALLANDALE FL 33009 VSD LEVI, ITZHAK 1300 MOFFETT STREET, SUIT	DELETE DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADD 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADD 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADD 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADD 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADD 5.3 STREET ADD 5.3 STREET ADD 5.3 STREET ADD 5.4 STREET ADD 5.5 STREET ADD	DRESS DRESS DRESS DRESS DRESS DRESS	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTOR Change Change	Addition Addition Addition

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.

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: DUANYA SASON OVANYA SASON

FILED May 17, 1999 8:00 am Secretary of State

05-17-1999 90090 024 ***150.00

954-456-2005