PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000082538**

1. Corporation Name

ARIE KADURI ENTERPRISES, INC.

FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90026 043 ***150.00



					I (BB)(B\$) (IN IE)() (BB() BB() EB()) Basic natar iac	## 	188 liset (911 (98)	
Principal Place	e of Business	Mailing Address						
16125 NE 18TH		16125 NE 18TH AVE	20					
NORTH MIAMI	BEACH FL 33162	NORTH MIAMI BEACH FL 33162			DO NOT WRITE IN THIS SI	DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed 09/17/1997			
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	1	Applied For	
21 1747	. /	26 1747 Van B	sure	1 55	65-0785856	1	Not Applicable	
Suite, Apt.		Suite, Apt. #, etc			5. Certificate of Status Desired	\$8.75	Additional	
22 SUIT	re 700	27 SUITE 700	>		5. Certifcate of Status Desired	Fee F	Required	
City & State	1 ~ 2222	City & State 28 Hollywood Fc			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution \$5.40 May Be			
Zip	Country	Zip	Соип	try	8. This corporation owes the current year Intan	gible		
24 3300		29 350 20 30	\)SA	Personal Property Tax.	Yes	□No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Ag	jent		
I/FLI	T NODMAN C			Name	•			
KENT, NORMAN E 800 E BROWARD BLVD, SUITE 310				32 Street Ad	treet Address (P.O. Box Number is Not Acceptable)			
FTL	AUDERDALE FL 33301		}	83				
			}	B4 City		85 Zip	Code	
			- 1		FL			
office or n agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was autho	orized	by the corpora	rporation submits this statement for the purpose of charition's board of directors. I hereby accept the appointr	nent as	registered	
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: Reg	gistered A	gent signature requ	ired when reinstating) DATE			
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND			
TITLE	D	☐ DELETE	1.1 TITL	E	ŧ	Change	e 🔲 Addition	
NAME	KADURI, ARIE		1.2 NAM	E				
STREET ADDRESS	16125 NE 18TH AVE		1.3 STR	EET ADDRESS				
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162		1.4 CIT	'-ST-ZIP				
TITLE		☐ DELETE	2.1 1111	E	,	Change	e Addition	
NAME			2.2 NA	KE			/	
STREET ADDRESS			2.3 STF	EET ADORESS				
CITY-ST-ZIP				Y-ST-ZIP				
TITLE		☐ DELETE	3.1 TITL		•	Change	e Addition	
NAME		·	3.2 NAM			~		
STREET ADDRESS				EET ADDRESS		•		
CITY-ST-ZIP				Y-ST-ZIP		Change	e Addition	
TITLE		☐ DELETE	4.1 TITI				- La veningii	
NAME			4. 2 NA					
STREET ADDRESS				EET ADDRESS				
CITY-ST-ZIP		☐ DELETE		-ST-ZIP		Change	e Addition	
TITLE		□ nere1e	5.1 TITI 5.2 NA	i		change		
NAME				EET ADDRESS				
STREET ADDRESS				-ST-ZIP				
CITY-ST-ZIP		[3 DELETE	6.1 TITI			Change	B Addition	
TITLE		☐ DELETE			· ·		- CT MODINON	
NAME Í			6.2 NA	1E				

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYRES

954 929 6010