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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000097535

FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90066 031 ***150.00

JERUSAL	LEM PRODUCE, INC.								
Principal Place	of Business	Mailing Address			<u> </u>	-	######################################	311 3 754 1 1 11	B HIRI BIII (98)
1801 OAK VISTA TERRACE ORLANDO FL 32824 1801 OAK VISTA TERRACE ORLANDO FL 32824 1801 OAK VISTA TERRACE ORLANDO FL 32824						DO NOT WRITE	N THIS S	PACE	
						3. Date Incorporated or Qualifed			
						11/13/1997			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		Ar	oplied For
21		26				59-3496728			ot Applicable
Suite, Apt. 1	#, etc.	. Suite, Apt. #, etc.		•		5. Certifcate of Status Desired]		Additional equired
City & State	9	City & State			Line	6. Election Campaign Financing	 1	\$5.00	May Be
23	•	28				Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	Coun	itry		8. This corporation owes the current			
24	25	29 3	0			Personal Property Tax.		Yes	□No
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Reg	stered A	gent	
	IADAN HACCAN A			81	Name				
	IADAN, HASSAN A			82 Street Addr		ss (P.O. Box Number is Not Acceptable)		3
	OAK VISTA TERRACE	-m -	L						
OKL	ANDO FL 32824		ľ	83	,				
i			ļ	84	City		FL	85 Zip	Code
11 Pursuant	to the provisions of Sections 607.0502	2 and 607.1508. Florida Statutes	, the ab	 юvе	-named corpo	ration submits this statement for the pur	nose of o	hanging it:	s registered
Affina ares	egistered agent, or both, in the State on familiar with, and accept the obligat	of Florida. Such change was aufl	nonzea	ו עמ	ne comoratior	n's board of directors. I hereby accept the	ө арроіп	ment as re	∌gistered
SIGNATURE					-7	when minetating)	DATE		·
	Signature, typed or printed name of registered agen OFFICERS AN		13.	4gent	signature required	ADDITIONS/CHANGES TO OFFIC		DIRECT	ORS IN 12
12.	D OFFICERS AN	DELETE	1,1 TITL	l.E		700111011010101010101010		Change	☐ Addition
	HAMDÁN, HASSAN A	<u></u>	1.2 NAN						
NAME	1801 OAK VISTA TERRACE		B .		ADDRESS				
STREET ADDRESS					1				
CITY-ST-ZIP	ORLANDO FL 32824				-ZIP				
l I	D	₩ DELETE	1.4 CIT					☐ Change	Addition
NAME {	UAMDAN ADEC	DELETE	2.1 TITL	LE				Change	Addition
l	HAMDAN, AREF	DELETE	2.1 TITL 2.2 NAM	LE ME	ADDDECC			Change	Addition
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CITY-ST-ZIP			2.1 TITL 2.2 NAM 2.3 STF 2.4 CIT	LE ME REET /		ವಾದ್ಯಕ್ತ . ಆ		☐ Change	
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	1801 OAK VISTA TERRACE ORLANDO FL 32824	DELETE	2.1 TITL 22 NAM 2.3 STF 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STF 3.4 CIT 4.1 TITL 4.2 NAM 4.3 STF 4.4 CIT 5.1 TITL 5.2 NAM 5.3 STF	LE ME REET, IY-ST LE MME REET, IY-ST LE MME Y-ST LE MME REET,	ADDRESS T-ZIP ADDRESS -ZIP ADDRESS	ವರ್ಷ.		☐ Change	Addition
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE	1801 OAK VISTA TERRACE ORLANDO FL 32824	DELETE	2.1 TITL 22 NAM 2.3 STF 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STF 3.4 CIT 4.1 TITL 4.2 NAM 4.3 STF 4.4 CIT 5.1 TITL 5.2 NAM 5.3 STF 5.4 CIT 6.1 TITL 6.1 TITL	LE ME REET / IY-ST LE ME REET / IY-ST LE ME REET / Y-ST LE ME REET / Y-ST LE	ADDRESS T-ZIP ADDRESS -ZIP ADDRESS	22 th no		☐ Change☐ Cha	Addition Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CONTROL OF THE NAME STREET ADDRESS CITY-ST-ZIP	1801 OAK VISTA TERRACE ORLANDO FL 32824	DELETE	2.1 TITL 22 NAM 2.3 STF 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STF 3.4 CIT 4.1 TITL 4.2 NA 4.3 STF 4.4 CIT 5.1 TITL 5.2 NAM 5.3 STF 5.4 CIT 6.1 TITL 6.2 NAM	LE ME REET, TY-ST LE ME REET, TY-ST LE MME REET, Y-ST LE MME REET, Y-ST LE MME REET, ME MME	ADDRESS T-ZIP ADDRESS -ZIP ADDRESS	22 m² n.s		☐ Change☐ Cha	Addition Addition

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:

