

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

FILED  
Feb 24, 1999 8:00 am  
Secretary of State

02-24-1999 90079 014 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000056250

1. Corporation Name  
GABBAY, INC.

Principal Place of Business  
36 N.E. 1ST ST.  
MIAMI FL 33132

Mailing Address  
8211 W. BROWARD BLVD., STE. 200  
PLANTATION FL 33324-2726

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
06/22/1998

4. FEI Number  
65-0844342 Applied For  
Not Applicable

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

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

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
21 Suite, Apt. #, etc.

2a. Mailing Address  
26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country  
24 25 29 30

28 Zip Country

9. Name and Address of Current Registered Agent

TORCHIN, DAVID C.P.A.  
8211 W. BROWARD BLVD., STE. 200  
PLANTATION FL 33324-2726

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Table with columns for Title, Name, Street Address, City-ST-ZIP, and a DELETED checkbox. Rows include GABBAY, SASON; GABBAY, MORIS; GABBAY, VICTOR.

Table with columns for Title, Name, Street Address, City-ST-ZIP, and checkboxes for Change and Addition. Rows 1.1 through 6.4.

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: SASON GABBAY  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-19-99  
Date Daytime Phone #

CR2E034 (1/1/98)