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May 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S11160 (6)
1. Corporation Name
FLAMINGO ENTERPRISES, INC.



Principal Place of Business
8360 W OAKLAND PARK BLVD
201
SUNRISE FL 33351
US

Mailing Address
8360 W OAKLAND PARK BLVD
201
SUNRISE FL 33351-7338
US

3. Date Incorporated or Qualified 11/05/1990
3a. Date of Last Report 02/13/1996
4. FEI Number 65-0235284
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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MREJEN, ARIE P.A.
8360 W OAKLAND PARK BLVD.
SUITE 007
SUNRISE FL 33351

81 Name ARIE MREJEN, P.A.
82 Street Address (P.O. Box Number is Not Acceptable) 701 W. CYPRESS CREEK ROAD
83 SUITE 302
84 City FORT LAUDERDALE FL 85 Zip Code 33309

11. Pursuant to the provisions of Sections 607.002 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 relocating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME KADOCH, DAVID
STREET ADDRESS 1250 NW FLAMINGO RD
CITY - ST - ZIP PLANTATION FL

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME ZOUR, ISRAEL
STREET ADDRESS 12700 N. BISCAYNE BLVD., #202
CITY - ST - ZIP NORTH MIAMI FL

2.1 TITLE DIRECTOR - TREASURER ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME DJERASSI, GIDEON
STREET ADDRESS 9800 S.W. 4TH STREET
CITY - ST - ZIP PLANTATION FL

3.1 TITLE DIRECTOR - SECRETARY ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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.

SIGNATURE

GIDEON DJERASSI

4.29.97

954.349.2030

CR2E034 (9/96)