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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 19 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # S54688

(4)

Principal Place 210-220 71 ST MIAMI BCH FL US		Mailing Address 220 71ST ST. SUITE 216 MIAMI BEACH FL 33141-3215	3		
·		US		3. Date incorporated or Qualified 05/22/1991	3a. Date of Last Report 02/28/1996
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21	-	26 220 7/st	<u> </u>	22-3119986	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc. 27 209		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28 MIAMI BEA	CH, FL.	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	intangible tax under s. 199.032,
24	25 9. Name and Address of Current	29 33/4/ 3	0 //.	Florida Statutes 10. Name and Address of New R	Yes No
07.	SHLOMO	The glotolog Agent	81 Name		
	71 STREET		82 Street Add	ress (P.O. Box Number is Not Accepta	
#21				220 7/st NT	iolo j
MIAI 🍨	MI BCH. FL 33141		83	# 209	
.			84 City	MIAMI LEADL	FL 85 Zip Code 33/4/
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508. Florida Statutes	the above-named corr	poration submits this statement for the	
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. Sich 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 Sections 607.0505, Florida Statutes.					
SIGNATURE	Hamme 8	501x0u/	:		5/12/97
<u></u>	Signature, typed or printed name of registered a join		Hegistered Agent signature requi		DATE
12.	OFFICERS AND PD	DELETE DELETE	13. 5.1 TITLE	ADDITIONS/CHANGES TO OFF	Change Addition
NAME	YEHEZKEL, HAIM		h.2 NAME		
STREET ADDRESS	20191 E COUNTRY CLUB DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	N MIAMI BEACH FL	····	1.4 CITY-ST-ZIP		
TITLE	WUSSAFFI, ROY	☐ DELETE	21 THLE		Change Addition
NAME STREET ADDRESS	68-41 FLETT STREET		22 NAME		
CITY-ST-ZIP	FOREST HILLS NY 11375		2.3 STREET ADDRESS		
TITLE		☐ DELETE	B1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	B.4. CITY-ST-ZIP M.1 TITLE		Change Addition
NAME		Lad otter	4.2 NAME		One-rigo Addition
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME .			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition
NAME		<u> </u>	I6.2 NAME		<u>-</u>
STREET ADDRESS			6.3 STREET ADDRESS		
NTV-67-70			AR A CITY - ST - ZID		

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 flue 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 emptyered 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.