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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S56872

FADZ VENTURES, INC.

Principal Place of Business Mailing Address						- I 1001/1010 EET BITEO ÜLTOL 10111 1901/0 1141 01411	OVENI BEOTH DE	OU OUTU BUDU KOT
% DROR LEVI 12801 W SUNRISE BLVD 7						·		
19501 BISCAYNE BLVD. #1793 19501 BISCAYNE BLVD. #1 N. MIAMI BEACH FL 33180 SUNRISE FL 33323						DO NOT WRITE IN THIS	SPACE	
N. MIAMI BEACH FL 33180 SUNRISE FL 33323 US						3. Date Incorporated or Qualifed	70,702	
						06/04/1991		
Principal Place of Business 2a. Mailing Address						4. FEI Number		Applied For
21 26						65-0318265		Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certifcate of Status Desired		5 Additional Required
22 27 City & State City & State						6. Election Campaign Financing		00 May Be
23 28			-			Trust Fund Contribution		ed to Fees
Zip Country Zip			Country			8. This corporation owes the current year Ir	tangible	
24	25	<u> </u>	30			Personal Property Tax.	Yes	□No `
Name and Address of Current Registered Agent				11	Name	10. Name and Address of New Registered	Agent	
LEVI, DROR				1	Name			
12801 W SUNRISE BLVD SUITE 705			82 Street Add			ess (P.O. Box Number is Not Acceptable)		
#1793			8	3		1. 14. 14. 14. 14. 14. 14. 14. 14. 14. 1	141 H 31	7 1 3 18 1 6 3 H - (3)
SUNRISE FL 33323			_	4	City	ুৰ্ব নিয়ন্ত্ৰ কৰাই চুক্তি কৰে হৈছিল। তাৰী বিশ্ব কৰি বাবে কৰি	}	ip Code
					•	Fl	_	' ·
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 of 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.								
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								<u> </u>
12.	OFFICERS AND		13.	portic a	agricula requireo	ADDITIONS/CHANGES TO OFFICERS A	ND DIREC	TORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE			recent organization	Chang	ge Addition
NAME	LEVI, DROR D.		1.2 NAME	=				į
STREET ADDRESS 12801 W SUNRISE BLVD, SUITE 705			1.3 STREET ADDRESS		ADDRESS			ĺ
CITY-ST-ZIP	SUNRISE FL 33323	☐ DELETE	1.4 C/TY-		ZIP	•		
TITLE NAME	V VADON	[DEFEIE	2.1 TITLE				Chang	ge
STREET ADDRESS	LEVY, YARON st 150 TORCHWOOD AVE				ADDRESS .]
CITY-ST-ZIP				- ST-			,	
TITLE	eminer	☐ DELETE	3.1 TITLE				☐ Chang	ge · ☐ Addition
NAME	ไม่สี่สังให้ ไม่พลังสำคัญสายครั้งกระทำสาย การตากพลา		3.2 NAME	Ξ			•	
STREET ADDRESS	DE TRUM DE TRUTTE PO LA COLONIA DE LA CRETATA. NOTA		3.3 STRE	ETA	ADDRESS	english in Agree 13.		e de la compa
CITY-ST-ZIP	The state of the s		3.4. CITY-ST-ZIP		ZIP			4 440
TITLE ""	DELETE		4.1 TITLE				Chang	ge - Addition
NAME		22	4. 2 NAM 4.3 STRE		NUDDE66			
STREET ADDRESS		on the state of th	4.3 STRE		·		•	
TITLE '	1.	☐ DELETE	5.1 TITLE	_	-		☐ Chang	je Addition
NAME			5.2 NAME	:		The state of the s		,
STREET ADDRESS			5.3 STRE					
CITY-ST-ZIP	i fi Form of State		5.4 CITY		ZIP			
TITIE		☐ DELETE	6.1 TITLE		1		☐ Chann	e T Addition

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

FILED

Feb 01, 1999 8:00am

Secretary of State

02-01-1999 90005 039 ***150.00