**PROFIT CORPORATION** ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # V08772



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Apr 01, 1999 8:00 am Secretary of State 04-01-1999 90096 004 \*\*\*150.00

HARDASH CORPORATION							
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	•						
Principal Place	e of Business	Mailing Address					II 0:01: 0:05: I90I
337 LINCOLN ROAD 337 LINCOLN ROAD							
MIAMI BEACH FL 33139 MIAMI BEACH FL 33139							
US	•	US				E IN THIS SPACE_	
	•			-45	3. Date Incorporated or Qualifed	•	İ
					01/23/1992		
Principal Place of Business     A Mailing Address					4. FEI Number	fe	Applied For
21 337, Lincoln Rd. 26					65-0327283	F	Not Applicable
Suite, Apt. #, etc.					5. Certifcate of Status Desired	3 1 '	Additional Required
22 27 City 8 Starts							
City & State  City & State  City & State  23 M; Am; - Reach, +2 28					6. Election Campaign Financing		May Be
23 MiH	Country Country	28     Zip	Count	nv	Trust Fund Contribution		-to rees
Zip 33	1) 01 - 110 1	<b>⊢</b> ` -	_	····	This corporation owes the curre     Personal Property Tax	mit year intangible ☑ Yes	□No
24 55	9. Name and Address of Curren		30		10. Name and Address of New R		
	, Haine and Address of Curren	t Neglistered Ageint	8	1 Name	Hamo and Laurence		
HAR	rrar, david			_			
337 LINCOLN ROAD			8	2 Street Add	dress (P.O. Box Number is Not Accepta	ble)	
MIAMI BEACH FL 33139			8	3		<del>-</del>	<u> </u>
						<del> </del>	
			8	4 City		FL  85   Zi	o Code
11. Pursuant	to the provisions of Sections 607 050	2 and 607 1508 Florida Statute	s the abo	ve-named cor	poration submits this statement for the		ts registered
office or r	registered agent, or both, in the State	of Florida. Such change was au	thorized b	y the corporal	rporation submits this statement for the tion's board of directors. I hereby accep	t the appointment as	registered
	m iamiliar with, and accept the obligat	ions of, section 607.0505, Mon	ida Statut	<b>73</b> .			
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE:	Registered Ag	ent signature requi	ired when reinstating)	DATE	
12.	- OFFICERS AN		13.		ADDITIONS/CHANGES TO OF	ICERS AND DIRECT	TORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		<del></del>	Change	
NAME	HARRAR, SOLOMON		1.2 NAME	E	· ·		· & .
STREET ADDRESS	337 LINCOLN ROAD		1.3 STRE	ET ADDRESS			İ
CITY-ST-ZIP	MIAMI BEACH FL		1.4 CITY	-ST-ZIP			
TITLE			2.1 TITLE			☐ Chang	e
NAME	HARRAR, DAVID 22N		2.2 NAMI	<b>:</b>			j
STREET ADDRESS	337 LINCOLN ROAD		2.3 STRE	ET ADDRESS			f
CITY-ST-ZIP	MIAMI BEACH FL		2.4 CITY	-ST-ZIP	*		
TITLE		. ☐ DELETE	3.1 TITLE			. Chang	e Addition
NAME			3.2 NAMI	■			j
STREET ADDRESS			3.3 STRE	ET ADDRESS			
CITY-ST-ZIP	]		- 3.4. CITY	-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			☐ Chang	e Addition
NAME			4.2 NAM	ε			{
STREET ADDRESS			4.3 STRE	ET ADDRESS			
CITY-ST-ZIP			4.4 CITY	-ST-ZiP			
TITLE		☐ DELETE	5.1 TITLE		and the state of t	☐ Chang	B Addition
NAME			5.2 NAMI	■			Ì
STREET ADDRESS			5.3 STRE	ET ADDRESS			
)   city-st-zip	†		54 CITY	-ST-ZIP			Ì
TITLE			V.4 VIII				
		☐ DELETE	6.1 TITLE		, , , , , , , , , , , , , , , , , , ,	Chang	e Addition
NAME		DELETE				Chang	e Addition
NAME STREET ADDRESS		<del></del>	6.1 TITLE			Chang	e 🔀 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 trustal 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 the address, with all other like empowered.

**SIGNATURE:** 

FSIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED OR PRINTED N

Daytime Phone #