FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 AM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V36896** **(1)**

1. Corporation Name
FIA CORPORATION

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
3694 W. OAKLAND PK. BLVD. LAUDERDALE LAKES FL 33311 US	3694 WEST OAKLAND PARK BLVD SUITE 210 LAUDERDALE LAKES FL 33311 US

3. Date Incorporated or Qualified: **05/18/1992**
3a. Date of Last Report: **06/02/1994**

2. Principal Place of Business
21: 8360 W Oakland Park Blvd
22 Suite, Apt. #, etc.: 301
23 City & State: SUNRISE, FL
24 Zip: 33351 25 Country: US

2a. Mailing Address
26: 8360 W Oakland Park Blvd
27 Suite, Apt. #, etc.: 301
28 City & State: SUNRISE, FL
29 Zip: 33351 30 Country: US

4. FEI Number: **65-0357751** ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MREJEN, ARIE
1333 S. UNIVERSITY DR.
SUITE 210
FT. LAUDERDALE FL 33324

10. Name and Address of New Registered Agent

81 Name: ARIE MREJEN P.A.
82 Street Address (P.O. Box Number is Not Acceptable): 8360 W. OAKLAND PARK BLVD.
83: SUITE 307
84 City: SUNRISE FL 85 Zip Code: 33351

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], BY ARIE MREJEN, PRESIDENT — DATE: 3/13/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	KADOCH, DAVID	12 NAME	
STREET ADDRESS	1250 NW FLAMINGO RD.	13 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☒ Change ☐ Addition
NAME	HORESH, OURI	22 NAME	
STREET ADDRESS	5343 NW 106TH DR.	23 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	ZOUR, ISRAEL	32 NAME	
STREET ADDRESS	12700 N. BISCAYNE BLVD., STE. 202	33 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	DJERASSI, GIDEON	42 NAME	
STREET ADDRESS	9800 SW 4TH ST.	43 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 the 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: [signature] GIDEON DJERASSI DIRECTOR — 4.18.95 — 305 749 2030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0220080 CF