FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **V47774** **(7)**

1. Corporation Name

DANDY WHEELS, INC.

Principal Place of Business	Mailing Address
999 N DIXIE HWY SUITE 210 POMPANO BCH FL 33060 US	999 N DIXIE HWY SUITE 210 POMPANO BCH FL 33060 US

3. Date Incorporated or Qualified: **06/26/1992**
3a. Date of Last Report: **04/20/1995**

2. Principal Place of Business — 21: —; 22 Suite, Apt. #, etc.: —; 23 City & State: —; 24 Zip: —; 25 Country: —

2a. Mailing Address — 26: —; 27 Suite, Apt. #, etc.: —; 28 City & State: —; 29 Zip: —; 30 Country: —

4. FEI Number: **65-0346291** ☐ 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 (P.A)
8360 W OAKLAND PARK BLVD
STE 307
SUNRISE FL 33351

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 of new registered agent (if changing) DATE Registered Agent signature required when reinstating DATE

12. OFFICERS AND DIRECTORS		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KADOCH, DAVID 1250 NW FLAMINGO RD PLANTATION FL	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HORESH, OURI 11414 LAKEVIEW DR CORAL SPRINGS FL	☒ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ZOUR, ISRAEL 12700 N. BISCAYNE BLVD, #202 NORTH MIAMI FL	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DJERASSI, GIDEON 9800 S.W. 4TH ST. PLANTATION FL	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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)(k), 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 DIR 2.2.96 (954) 749 2030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #