

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 APR 25 AM 10:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # V47859 (6)**

1. Corporation Name  
**URDAM, U.S.A., INC.**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business  
**4021 N ARMENIA  
SUITE 102  
TAMPA FL 33607**

Mailing Address  
**P. O. BOX 272631  
SUITE 102  
TAMPA FL 33688  
US**

3. Date Incorporated or Qualified  
**07/02/1992**

3a. Date of Last Report  
**04/28/1994**

2. Principal Place of Business  
**21**

2a. Mailing Address  
**26**

4. FEI Number  
**59-3130810**

Applied For:  
Not Applicable

Suite, Apt. #, etc.  
**22**

Suite, Apt. #, etc.  
**27**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

City & State  
**23**

City & State  
**28**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

Zip  
**24**

Country  
**25**

Zip  
**29**

Country  
**30**

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**ISAAK, MALKA  
4021 N ARMENIA  
SUITE 102  
TAMPA FL 33607**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VD
NAME	SANDLER, LEVY
STREET ADDRESS	4117 CARROLLWOOD VILLAGE
CITY- ST- ZIP	TAMPA FL
TITLE	P
NAME	LEDERMAN, UZI
STREET ADDRESS	3 YEHUDA HALEVI ST
CITY- ST- ZIP	MEVASSERET ZION, ISR
TITLE	S
NAME	LEDERMAN, MARGOLA
STREET ADDRESS	3 YEHUDA HALEVI ST
CITY- ST- ZIP	MEVAWERET ZION, ISA
TITLE	S
NAME	SANDLER, TSIPORA
STREET ADDRESS	4117 CARROLLWOOD VILLAGE DR.
CITY- ST- ZIP	TAMPA FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ND SANDLER LEVY
1.3 STREET ADDRESS	P.O BOX 1256
1.4 CITY- ST- ZIP	FAIRLAWN, NJ 07410
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	S SANDLER TSIPORA
4.3 STREET ADDRESS	2 STRUMA ST.
4.4 CITY- ST- ZIP	NES-TSIONA, ISR
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(b), 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: LEVY SANDLER 4.19.95 201-977-8577  
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date Telephone #