

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 FEB 21 PM 1:24

DOCUMENT # **V71812** (4)

1. Corporation Name
1601 SERVICE, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**1011 IVES DAIRY ROAD
SUITE 208
NORTH MIAMI BEACH FL 33179**

Mailing Address
**1011 IVES DAIRY ROAD
SUITE 208
NORTH MIAMI BEACH FL 33179**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/16/1992	3a. Date of Last Report 01/28/1994
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0366512	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**LOW, YORAM
C/O GOLDWYN, WEINBERG & CO., P.A.
1011 IVES DAIRY RD., #208
N. MIAMI BEACH FL 33179**

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

12. 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 _____ (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOW, EVA	1.2 NAME	
STREET ADDRESS	1011 IVES DAIRY RD., #208	1.3 STREET ADDRESS	
CITY - ST - ZIP	N. MIAMI BEACH FL	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUPER, SIMA	2.2 NAME	KUPER SIMA
STREET ADDRESS	19370 COLLIDS AVENUE APT 207	2.3 STREET ADDRESS	1351 MIAMI GARDEN DR # 625E
CITY - ST - ZIP	N MIAMI BEACH FL	2.4 CITY - ST - ZIP	N MIAMI BEACH FLA 33179
TITLE	V	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAS, MOSHE	3.2 NAME	SAS MOSHE
STREET ADDRESS	290-174 St #1805 N MIAMI BEACH FL	3.3 STREET ADDRESS	290-179 St #1805
CITY - ST - ZIP	N MIAMI BEACH FL	3.4 CITY - ST - ZIP	N MIAMI BEACH FLA 33160
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	800001413068
STREET ADDRESS		4.3 STREET ADDRESS	-02/23/95--01016--006
CITY - ST - ZIP		4.4 CITY - ST - ZIP	***200.00 ***200.00
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	2-21
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and claim not equally for the description stated in Section 110.07(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 of this report, or in an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR
1/29/95 305-735-5110