

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V71812 (4)**

1. Corporation Name
1601 SERVICE, INC.



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**

3. Date Incorporated or Qualified: **10/16/1992** 3a. Date of Last Report: **02/21/1995**
4. FEI Number: **65-0366512** 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

2. Principal Place of Business
21. **1601 STATE RD 7** 2a. Mailing Address: **1601 S STATE RD 7**
Suite, Apt. #, etc.: Suite, Apt. #, etc.:
22. City & State: **LAUDERHILL FL** 27. City & State: **LAUDERHILL FL**
23. Zip: **33313-5813** Country: **BROWARD** 28. Zip: **33313-5813** Country: **BROWARD**
24. 25. 29. 30.

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

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: _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	LOW, EVA	
STREET ADDRESS	1011 IVES DAIRY RD., #208	
CITY - ST - ZIP	N. MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KUPER, SIMA	
STREET ADDRESS	1351 MIAMI GARDENS DR. #625E	
CITY - ST - ZIP	N MIAMI BEACH FL 33179	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SAS, MOSHE	
STREET ADDRESS	290-179 ST #1805	
CITY - ST - ZIP	N. MIAMI BEACH FL 33160	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
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)(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: _____ DATE: **4-19-96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: _____
Typed Name: **305-735-5110**

CR2E034 (12/95)