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PROFIT CORPORATION ANNUAL REPORT

1999

RAZA INTERNATIONAL, INC.

1. Corporation Name

DOCUMENT # **V34149**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90125 050 ***150.00

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Principal Place	e of Business	Mailing Address			1 10014 Etines (1111 A1841 11411 B1818		p. w		
-8420 NW-4TH-				• •		- از ا نتائ			t
! Pembroke Pin US	PEMBROKE PINES FL 33024 PEMBROKE PINES FL 33024 US			DO NOT WRITE IN THIS SPACE					
		3. Date Incorporated or Qualifed							
				05/06/1992					
2. Principal P	ncipal Place of Business 2a. Mailing Address		4. FEI Number		App	lied For			
21	26 C/D			65-0330291			Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	. O A.	oo ine	5. Certifcate of Status Desired		\$8.75 Ar Fee Rec		
22		Perez, Behar City 44430 N.E.							
City & Stat	e	<u>├</u> ** *** · * *			Election Campaign Financing Trust Fund Contribution		\$5.00 N Added to		
Zip	, Country	Zip N. Miami, FL	Count		This corporation owes the current	t vear Intend		71 003	
24	25	<u> </u>	30	.,	Personal Property Tax.			□No	
	9. Name and Address of Current	1		_	10. Name and Address of New Reg	jistered Ag	ent		
	44.11		1	11 Name					
1	A, MARIANO		- -	2 Street Ad	Idress (P.O. Box Number is Not Acceptable	e)	_		
ŀ	99 NW 2ND AVENUE		ľ	Sileer Au	idless (F.O. Box Number is Not Acceptable	·,			
N. M	IIAMI FL 33169		1	3					
				4 City		——Т	85 Zip C	ode	
						FL			
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the abo	ve-named co	propration submits this statement for the pu ation's board of directors. I hereby accept t	rpose of cha	anging its r	egistered	2
office or r agent. I a	egistered agent, or both, in the State o im familiar with, and accept the obligati	of Florida. Such change was au ions of, Section 607.0505, Flori	itnorized t ida Statut	sy the corpora	ation's board of directors. Thereby accept t	ne appointin	letik as reg	istered	
SIGNATURE	•							Į	
DIGITATIONE	Signature, typed or printed name of registered agent								
				ent signature requ	uired when reinstating)	DATE			ĝ
12,	OFFICERS AND	D DIRECTORS	13.		aired when reinstating) ADDITIONS/CHANGES TO OFFICE	CERS AND	_		600
TITLE	OFFICERS AND		13.	<u> </u>		CERS AND	DIRECTOR	RS IN 12 -	(44,00)
TITLE NAME	OFFICERS AND PD LEIVA, JOSE M	D DIRECTORS	13. 1.1 TITLI 1.2 NAM			CERS AND	_		(44,00)
TITLE NAME STREET ADDRESS	OFFICERS AND PD LEIVA, JOSE M 8420 NW 4TH ST	D DIRECTORS	13. 1.1 TITLI 1.2 NAM 1.3 STR	E EET ADORESS		CERS AND	_		77004 (44 (00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEIVA, JOSE M 8420 NW 4TH ST PEMBROKE PINES FL 33024	D DIRECTORS	13. 1.1 TITLI 1.2 NAM 1.3 STRS 1.4 CITY	E EET ADDRESS - ST-ZIP		CERS AND	Change	☐ Addition	(00) 777007
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD LEIVA, JOSE M 8420 NW 4TH ST PEMBROKE PINES FL 33024 S	D DIRECTORS	13. 1.1 TITLI 12 NAM 1.3 STRS 1.4 CITY 2.1 TITLS	EET ADDRESS ST-ZIP		CERS AND	_		(00) (44) (00)
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CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing 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 suppliemental 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 comporation of 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 is changed or on an attachment with an address, with all other like empowered.

6.4 CITY- \$T-ZIP

SIGNATURE: