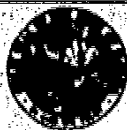


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 FEB 28 PM 3:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 500427 (0)

1. Corporation Name

JENS S. RASK, INC.

Principal Place of Business

**900 NE 45TH ST
FT. LAUDERDALE FL 33334**

Mailing Address

**900 NE 45TH ST
FT. LAUDERDALE FL 33334**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/05/1976

3a. Date of Last Report

03/29/1994

4. FEI Number

59-1668683

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

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**SAAVEDRA, DAMASO W. P.A.
750 SE 3RD AVE
FORT LAUDERDALE FL 33316**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE

V

NAME

ANDERSEN, SVEND

STREET ADDRESS

900 NE 45TH ST

CITY - ST - ZIP

FT LAUDERDALE, FL 00000

TITLE

RD-

NAME

RASK, JENS S-

STREET ADDRESS

900 NE 45TH ST

CITY - ST - ZIP

FT LAUDERDALE, FL 00000

TITLE

TS-

NAME

SPIEGEL, SOREN-

STREET ADDRESS

900 NE 45TH ST

CITY - ST - ZIP

FT LAUDERDALE, FL 00000

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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

PRESIDENT / DIRECTOR

☒ Change ☐ Addition

1.2 NAME

ANDERSEN, SVEND

1.3 STREET ADDRESS

969 NE 45 STREET

1.4 CITY - ST - ZIP

FT. LAUDERDALE, FL 33334

2.1 TITLE

SECRETARY / TREASURER

☐ Change ☒ Addition

2.2 NAME

PAT ANDERSEN

2.3 STREET ADDRESS

969 NE 45 STREET

2.4 CITY - ST - ZIP

FT LAUDERDALE, FL 33334

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

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 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 this corporation, its 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 if not attached herewith an addressee.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SVEND ANDERSEN, PRESIDENT 02 / 95

Date

Initials / Phone #

305-772-2010