PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT #

1. Corporation Name



J74656

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED Apr 28, 1999 8:00 am Secretary of State

04-28-1999 90033 029 \*\*\*150.00

RAUZIN	-KRAMER CORPORATION							
Principal Plac	ce of Business	Mailing Address			i i Obili e alti indii atala alim	81418 <b>8</b> 411 <b>8</b> 194 81	JUII DIGIT EIETI E	I BIC BIBIT (BB)
195 S.W. 15TH	1 ROAD	195 S.W. 15TH ROAD						
SUITE 502		SUITE 502			20 1107 111		00405	
		MIAMI FL 33129				RITE IN THIS	SPACE	
U\$ U\$					3. Date Incorporated or Qualifer	3		ļ
					06/01/1987			- E-4 F
— ·	Place of Business	2a. Mailing Address			4. FEI Number			t Applicable
21		26			59-6195642		\$8.75	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			<ol><li>Certifc ste of Status Desired</li></ol>		Fee Re	
22	<b>.</b>	City & State			a Station Committee Singuistics		<del></del>	
City & Sta	ite	— ·			Election Campaign Financing     Trust Fund Contribution		\$5.00 Added t	
23	Courtry	Zip	Cor	intry		react waar into		. 1 003
Zíp	_ ′	<u> </u>	30		This corporation owes the cu     Persor al Property Tax.	пенсуеат па	ang≀bie □ Yes	l⊒No
24	9. Name and Address of Curre	29 Anent	130		10. Name and Address of New	Registered .		
	5. Haine and Address of Curre	in registered Agent		81 Name	(0. 1100110 0110 7 1001000 01 11011		<u> </u>	
RAL	JZIN, MARVIN J.							
195 S.W. 15TH ROAD				82 Street A	dress (P.O. Box Number is Not Accep	table)		
	TE 502			83				
	MI FL 33129							
••••	111, 1 2 00 120			84 City		FL	85 Zip (	Code .
Signature, typed or printed na ne of registered agent and 12. OFFICERS AND DE			13.	Agent signature rec	a ired when reinstating)  ADDITIONS/CHANGES TO O	FFICERS AN	ID DIRECTO	FIS IN 12
TITLE	Р	☐ DELETE	1.1 TITLE				☐ Change	☐ Addition
NAME	RAUZIN, MARVIN J.		1.2 N	AME				
STREET ADDRESS	195 S.W. 15TH ROAD #502		1.3 S	TREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33129		1.4 C	ITY-ST-ZIP				
TITLE	CP	☐ DELETE	2.1 Ti	TLE	**************************************		Change	☐ Addition
NAME	GIMENEZ, CAROL		2.2 NAME					
STREET ADDRESS			2.3 S	TREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33173		2.40	CITY-ST-ZIP				
TITLE		☐ DELETE	3.1 TI	TLE	<del></del>		Change	Addition
NAME			3.2 N	AME				
STREET ADDRESS			335	TREET ADDRESS				
CITY-ST-ZIP			3.4. 0	CITY-ST-ZIP				
TITLE	}	☐ DELETE	4.1 T	TLE			☐ Change	☐ Addition
NAME			4.21	IAME				
STREET ADDRESS	6		4.3 S	TREET ADDRESS				
CITY-ST-ZIP	<u> </u>			ITY-ST-ZIP				
TITLE		☐ DELETE	5.1 T	I .			☐ Change	Addition
NAME			5.2 N	I				
STREET ADDRE 39	6			TREET ADDRESS				
CITY-ST-ZIP				ITY-ST-ZIP				
TITLE		☐ DELETE	6.1 T	ITLE			Change	Addition
NAME	1							
			. 6.2 N					
STREET ADDRE 3S	5			AME TREET ADDRESS				

14. Thereb / certify that the information supplied with this filling 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 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 recuired 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE! OR DIRECTOR

4/26/99 30 Date Daytime

ytime Phone # 15 2 C

CRAFF034 (11/98