

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J86598 (6)

1. Corporation Name

RUCKUS, INC.



Principal Place of Business

Mailing Address

~~% GERALD N. CAPPS~~
~~735 NW 22ND AVENUE~~
~~MIAMI FL 33125~~

~~% GERALD N. CAPPS~~
~~735 NW 22ND AVENUE~~
~~MIAMI FL 33125~~

2. Principal Place of Business
21 2900 N.W. 109 Ave

2a. Mailing Address
26 2900 N.W. 109 Ave.

3. Date Incorporated or Qualified
08/07/1987

3a. Date of Last Report
04/14/1995

4. FEI Number
65-0020759

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Miami, Florida

28 Miami, Florida

24 Zip 33172

25 Country U.S.A

29 Zip 33172

30 Country U.S.A

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~CAPPS, GERALD N.~~
~~735 NW 22ND AVENUE~~
~~MIAMI FL 33125~~

81 Name
Avrach, Stephen J.
82 Street Address (P.O. Box Number is Not Acceptable)
2900 N.W. 109 Ave
83
84 City Miami FL 85 Zip Code 33172

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 re-registering)

DATE

3-18-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME D
AVRACH, STEPHEN J.
STREET ADDRESS
735 NW 22ND AVENUE
CITY-ST-ZIP
MIAMI FL

1.1 TITLE
1.2 NAME D
Avrach, Stephen J.
1.3 STREET ADDRESS
2900 N.W. 109 Ave.
1.4 CITY-ST-ZIP
Miami, FL 33172

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-96

305 715 0440

CR2E034 (12/95)