SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT

1996 7/30/96 B- 7413-C

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

DOCUMENT # L44367 (5)

1. Corporation Name

MAZEH, INC.

Principal Place of Business	Mailing Address
8500 NW 54TH ST SUITE 309 LAUDERHILL FL 33351	8500 NW 54TH ST SUITE 309 LAUDERHILL FL 33351

3. Date Incorporated or Qualified: 01/23/1990
3a. Date of Last Report: 07/07/1995

2. Principal Place of Business
21: 10494 NW 50 St
Suite, Apt. #, etc. 22: Suite 202
City & State 23: Sunrise FL
Zip 24: 33351 Country 25: USA

2a. Mailing Address
26: 1071 Sorrento Dr.
Suite, Apt. #, etc. 27:
City & State 28: Ft Lauderdale, FL
Zip 29: 33326 Country 30: USA

4. FEI Number: 65-0172389 ☐ 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

9. Name and Address of Current Registered Agent

MILCHMAN, HOWARD J.
5310 N.W. 33RD AVENUE, SUITE 100
FT. LAUDERDALE FL 33309

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 _____
Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☑ Change ☐ Addition
NAME	OHAYON, ALBERT		1.2 NAME	
STREET ADDRESS	8500 NW 54TH ST		1.3 STREET ADDRESS	1071 Sorrento Dr
CITY-ST-ZIP	LAUDERHILL FL		1.4 CITY-ST-ZIP	Ft Lauderdale, FL 33326
TITLE	VT	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	OHAYON, MICHELLE		2.2 NAME	
STREET ADDRESS	8500 NW 54TH ST		2.3 STREET ADDRESS	1071 Sorrento Dr.
CITY-ST-ZIP	LAUDERHILL FL		2.4 CITY-ST-ZIP	Ft Lauderdale, FL 33326
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: M Ohayon 7/23/96 954 384-9738
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #