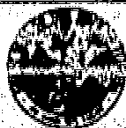


FILE NOW: FILING FEE AFTER MAY 1 IS \$220.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 21 AM 8:38

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P93000036710 (0)

1. Corporation Name

MARAZIN ENTERPRISES, INC.

Principal Place of Business

**3079 NE 163RD ST
N. MIAMI BCH. FL 33160
US**

Mailing Address

**P. O. BOX 630817
MIAMI FL 33163
US**

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or assumed **05/20/1993** 4. Date of Last Report **07/29/1994**

4. FEI Number **65-0416939** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**PREMIER ASSET MANAGEMENT
3115 NE 163RD ST.
N. MIAMI BCH. FL 33160**

10. Name and Address of New Registered Agent

81 Name PREMIER ASSET MANAGEMENT, INC.

**82 Street Address (P.O. Box Number is Not Acceptable)
3115 NE 163 STREET**

83

84 City NO. MIAMI BEACH FL 85 Zip Code 33160

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 **JACK AZOUT, PRES.**

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

**TITLE 1 AZOUT, JACK
NAME
STREET ADDRESS 3070 NE 163RD ST.
CITY - ST - ZIP N. MIAMI BCH. FL**

**TITLE 6 AZOUT, GILDA
NAME
STREET ADDRESS 3070 NE 163RD ST.
CITY - ST - ZIP N. MIAMI BCH. FL**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**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 P/D
1.2 NAME AZOUT, JACK
1.3 STREET ADDRESS 3802 NE 207 STREET #1502
1.4 CITY - ST - ZIP NO. MIAMI BEACH, FL 33180** ☒ Change ☐ Addition

**2.1 TITLE S/D
2.2 NAME AZOUT, GILDA
2.3 STREET ADDRESS 3802 NE 207 STREET #1502
2.4 CITY - ST - ZIP NO. MIAMI BEACH, FL 33180** ☒ Change ☐ Addition

**3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP** ☐ Change ☐ Addition

**4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP** ☐ Change ☐ Addition

**5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP** ☐ Change ☐ Addition

**6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP** ☐ Change ☐ Addition

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)(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: **JACK AZOUT, PRES.**

(Signature and typed or printed name of signing officer or director)

3/16/95 (305) 935-5175