**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**
**AMOUNT DUE ON OR BEFORE 8/3/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)**

PROFIT CORPORATION ANNUAL REPORT
**1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 15 AM 11:49

DOCUMENT # **P94000020396 (5)**

1. Corporation Name
**R Z T CORP.**

| Principal Place of Business | Mailing Address |
|---|---|
| 19201 N.E. 20TH COURT<br>NORTH MIAMI BEACH FL 33179 | 19201 N.E. 20TH COURT<br>NORTH MIAMI BEACH FL 33179 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/15/1994
3a. Date of Last Report:

21 2. Principal Place of Business: 19201-NE. 20TH Court
26 2a. Mailing Address: 19201-NE 20TH Court

4. FEI Number: 650475846 ☐ Applied For ☐ Not Applicable

22 Suite, Apt. #, etc.
27 Suite, Apt. #, etc.

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

23 City & State: N. MIAMI BEACH FLA.
28 City & State: N. MIAMI BEACH FLA.

6. [illegible] ☐ **$5.00** May Be Added to Fees

24 Zip: 33179 25 Country: DADE
29 Zip: 33179 30 Country: DADE

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

TREITMAN, HOWARD M
19201 N.E. 20TH CT.
NORTH MIAMI BEACH FL 33179

10. Name and Address of New Registered Agent

81 Name
82 [illegible] (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: Howard M. Treitman HOWARD M. TREITMAN (Date) 6/7/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when mandatory)

| 12. OFFICERS AND DIRECTORS | | 13. | |
|---|---|---|---|
| TITLE | PRESIDENT - SECRETARY | 11 TITLE | ☐ Change ☐ Addition |
| NAME | HOWARD M. TREITMAN | 12 NAME | |
| STREET ADDRESS | 19201 - NE 20 COURT | 13 STREET ADDRESS | |
| CITY ST ZIP | N. MIAMI BEACH FLA. 33179 | 14 CITY ST ZIP | |
| TITLE | VICE PRESIDENT - TREASURER | 21 TITLE | ☐ Change ☐ Addition |
| NAME | RITA TREITMAN | 22 NAME | |
| STREET ADDRESS | 19201 - NE 20 COURT | 23 STREET ADDRESS | |
| CITY ST ZIP | N. MIAMI BEACH FL. 33179 | 24 CITY ST ZIP | |
| TITLE | | 31 TITLE | ☐ Change ☐ Addition |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY ST ZIP | | 34 CITY ST ZIP | |
| TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY ST ZIP | | 44 CITY ST ZIP | |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY ST ZIP | | 54 CITY ST ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY ST ZIP | | 64 CITY ST ZIP | |

CR2E034 (3/95)

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: Howard M. Treitman HOWARD M. TREITMAN 6/7/95 305-935-7950
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0062786 CP