

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000020396 (5)

1. Corporation Name  
R Z T CORP.



Principal Place of Business  
19201 NE 20TH COVER  
N MIAMI BEACH FL 33179  
US

Mailing Address  
19201 NE 20TH COVER  
N MIAMI EBHAC FL 33179  
US

|                                                                                                                                                                |                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 3. Date Incorporated or Qualified<br>03/15/1994                                                                                                                | 3a. Date of Last Report<br>06/15/1995 |
| 4. FEI Number<br>65-0475846                                                                                                                                    | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                        | \$8.75 Additional<br>Fee Required     |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>                                                                             | \$5.00 May Be<br>Added to Fees        |
| 8. This corporation has liability for intangible tax under s. 199.032,<br>Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                       |

|                                |                         |
|--------------------------------|-------------------------|
| 2. Principal Place of Business | 2a. Mailing Address     |
| 21. State, Apt. #, etc.        | 26. State, Apt. #, etc. |
| 22. City & State               | 27. City & State        |
| 23. Zip                        | 28. Zip                 |
| 24. Country                    | 29. Country             |

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                                               | 85. Zip Code |
| 82. Street Address (P.O. Box Number is Not Acceptable) |              |
| 83.                                                    |              |
| 84. City                                               | FL           |

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, 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

Agent's Signature and Print Name of Agent (Required for all Agents)

(If Agent is Registered Agent, signature required when re-registering)

DATE

| 12. OFFICERS AND DIRECTORS |                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|---------------------|-------------------------------------------------------|--|
| 1.1 TITLE                  | PS                  | 1.1 TITLE                                             |  |
| 1.2 NAME                   | TREITMAN, HOWARD M  | 1.2 NAME                                              |  |
| 1.3 STREET ADDRESS         | 19201 NE 20TH COVER | 1.3 STREET ADDRESS                                    |  |
| 1.4 CITY-STATE-ZIP         | N MIAMI BEACH FL    | 1.4 CITY-STATE-ZIP                                    |  |
| 2.1 TITLE                  | VPT                 | 2.1 TITLE                                             |  |
| 2.2 NAME                   | TRIETMAN, RITA      | 2.2 NAME                                              |  |
| 2.3 STREET ADDRESS         | 19201 NE 20TH COVER | 2.3 STREET ADDRESS                                    |  |
| 2.4 CITY-STATE-ZIP         | N MIAMI BEACH FL    | 2.4 CITY-STATE-ZIP                                    |  |
| 3.1 TITLE                  |                     | 3.1 TITLE                                             |  |
| 3.2 NAME                   |                     | 3.2 NAME                                              |  |
| 3.3 STREET ADDRESS         |                     | 3.3 STREET ADDRESS                                    |  |
| 3.4 CITY-STATE-ZIP         |                     | 3.4 CITY-STATE-ZIP                                    |  |
| 4.1 TITLE                  |                     | 4.1 TITLE                                             |  |
| 4.2 NAME                   |                     | 4.2 NAME                                              |  |
| 4.3 STREET ADDRESS         |                     | 4.3 STREET ADDRESS                                    |  |
| 4.4 CITY-STATE-ZIP         |                     | 4.4 CITY-STATE-ZIP                                    |  |
| 5.1 TITLE                  |                     | 5.1 TITLE                                             |  |
| 5.2 NAME                   |                     | 5.2 NAME                                              |  |
| 5.3 STREET ADDRESS         |                     | 5.3 STREET ADDRESS                                    |  |
| 5.4 CITY-STATE-ZIP         |                     | 5.4 CITY-STATE-ZIP                                    |  |
| 6.1 TITLE                  |                     | 6.1 TITLE                                             |  |
| 6.2 NAME                   |                     | 6.2 NAME                                              |  |
| 6.3 STREET ADDRESS         |                     | 6.3 STREET ADDRESS                                    |  |
| 6.4 CITY-STATE-ZIP         |                     | 6.4 CITY-STATE-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

Howard Treitman

1/21/96 (305) 935-9900

CR2E034 (12/95)