

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

FILED

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
Secretary of State
DIVISION OF CORPORATIONS

95 MAR -7 PM 2:13

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P94000026400 (9)

1. Corporation Name
RACH-NIK, INC.

Principal Place of Business
**1121 N.E. 163RD STREET
N. MIAMI BEACH FL 33162**

Mailing Address
**1121 N.E. 163RD STREET
N. MIAMI BEACH FL 33162**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/06/1994

3a. Date of Last Report

4. FLE Number
65-0499049

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. 198.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BIRZON, DONNA
1121 N.E. 163RD STREET
N. MIAMI BEACH FL 33162**

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 607.1506, 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 of person authorized to execute this report and the appointment

Signature of Registered Agent (signature required when registered)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 TITLE	PRESIDENT
12.2 NAME	DONNA BIRZON
12.3 STREET ADDRESS	3015 BOGOTA AVENUE
12.4 CITY-ST-ZIP	COOPER CITY, FL 33024
12.5 TITLE	
12.6 NAME	
12.7 STREET ADDRESS	
12.8 CITY-ST-ZIP	
12.9 TITLE	
12.10 NAME	
12.11 STREET ADDRESS	
12.12 CITY-ST-ZIP	
12.13 TITLE	
12.14 NAME	
12.15 STREET ADDRESS	
12.16 CITY-ST-ZIP	
12.17 TITLE	
12.18 NAME	
12.19 STREET ADDRESS	
12.20 CITY-ST-ZIP	
12.21 TITLE	
12.22 NAME	
12.23 STREET ADDRESS	
12.24 CITY-ST-ZIP	

13.1 TITLE	☐ Change ☐ Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY-ST-ZIP	
13.5 TITLE	☐ Change ☐ Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY-ST-ZIP	
13.9 TITLE	☐ Change ☐ Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY-ST-ZIP	
13.13 TITLE	☐ Change ☐ Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY-ST-ZIP	
13.17 TITLE	☐ Change ☐ Addition
13.18 NAME	
13.19 STREET ADDRESS	
13.20 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not comply for the corporation stated in this form. I do not know, and I do not believe, that the information and data 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. I am not aware of any change in the corporation's officers or directors empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 has changed, or that my appointment with an addition.

SIGNATURE: *Donna Birzon*
Signature and Print of Current Name of Person Officer or Director

2/5/95

305/949-2422