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SECRETARY OF STATE
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DO NOT WRITE IN THIS SPACE

• CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # ~~P94000054655~~ P94000054655

1. Corporation Name

RIZKA, INC.

Principal Place of Business	Mailing Address
2910 North 22nd Avenue Hollywood, Florida 33020	150 S.E. Second Avenue Suite 500 Miami, Florida 33131

3. Date Incorporated or Qualified: July 22, 1994

3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 10421 N.W. 19th Street	26 10421 N.W. 19th Street
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 Pembroke Pines, Florida	28 Pembroke Pines, Florida
24 Zip 33024 / 25 Country USA	29 Zip 33024 / 30 Country USA

4. FEI Number — ☒ 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

JAMES A. MARX
150 S.E. Second Avenue, Suite 500
Miami, Florida 33131

10. Name and Address of New Registered Agent

81 Name: DAOUD SALEM
82 Street Address (P.O. Box Number is Not Acceptable): 10421 N.W. 19th Street
83
84 City: Pembroke Pines, FL 85 Zip Code: 33024

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: [signature] (Signature, Typed or printed name of registered agent and title if applicable) (Required) (Registered Agent signature required when reinstating) DATE: 5/10/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President/Director	11 TITLE	☐ Change ☐ Addition
NAME	DAOUD SALEM	12 NAME	
STREET ADDRESS	10421 N.W. 19th Street	13 STREET ADDRESS	
CITY ST ZIP	Pembroke Pines, FL 33024	14 CITY ST ZIP	
TITLE	Vice President/Director	21 TITLE	☐ Change ☐ Addition
NAME	MICHAEL SALEM	22 NAME	
STREET ADDRESS	10421 N.W. 19th Street	23 STREET ADDRESS	
CITY ST ZIP	Pembroke Pines, FL 33024	24 CITY ST ZIP	
TITLE	Secretary/Director	31 TITLE	☐ Change ☐ Addition
NAME	ADEL SALEM	32 NAME	
STREET ADDRESS	10421 N.W. 19th Street	33 STREET ADDRESS	
CITY ST ZIP	Pembroke Pines, FL 33024	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	T.S. 6/20/95
CITY ST ZIP		64 CITY ST 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)(i), 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] (Signature and Typed or Printed Name of Individual) 5/10/95 (Date)