FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

95 MAY -1 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000088877 (3)

1. Corporation Name

RAZI, INC.

Principal Place of Business	Mailing Address
8180 NW 36TH ST SUITE 100 MIAMI FL 33166	8180 NW 36TH ST SUITE 100 MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/08/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 2690 NE 2nd AVE	26 5800 PINE TREE DRIVE
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: MIAMI, FL	28 City & State: MIAMI BEACH FL
24 Zip: 33137 25 County: DADE/USA	29 Zip: 33140 30 County: DADE/USA

4. FEI Number: 65-0548114 ☐ 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. The corporation has taken, or is taking, tax actions under S. 193.625, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

WILLINGER, SCOTT R
8180 NW 36TH ST SUITE 100
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name: ELIZABETH Z. HERSHKOVITZ
82 Street Address (P.O. Box Number is Not Acceptable): 5800 PINE TREE DRIVE
83
84 City: MIAMI BEACH FL 85 Zip Code: 33140

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] ELIZABETH Z. HERSHKOVITZ (NOTE: Registered Agent signature required when applicable) DATE: 4/24/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	DAVIS, JAMES	12 NAME	
STREET ADDRESS	7933 W DR APT 1027	13 STREET ADDRESS	
CITY-ST-ZIP	NORTH BAY VILLAGE FL 33141	14 CITY-ST-ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		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	

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] 5/1/95 Date 854-2789 Telephone Number

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0102410 CP