

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 # P94000088877 (3)

1. Corporation Name

RAZI, INC.



Principal Place of Business

2690 NE 2ND AVE
MIAMI FL 33137
US

Mailing Address

5800 PINE TREE DR
MIAMI FL 33140
US

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

HERSHKOVITZ, ELIZABETH Z
5800 PINE TREE DR
MIAMI BEACH FL 33140

3. Date Incorporated or Qualified

12/08/1994

3a. Date of Last Report

05/01/1995

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

10. Name and Address of New Registered Agent

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 607.1508, 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 of registered agent or registered agent and not a director

(NOTE: Registered Agent Signature required when incorporating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

☐ DELETE

NAME

DAVIS, JAMES

STREET ADDRESS

7933 W DR APT 1027

CITY - ST - ZIP

NORTH BAY VILLAGE FL 33141

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

D

☒ Change

☐ Addition

2. NAME

ELIZABETH Z. HERSHKOVITZ

3. STREET ADDRESS

5800 PINE TREE DRIVE

4. CITY - ST - ZIP

MIAMI BEACH, FL 33140

5. TITLE

☐ Change

☐ Addition

6. NAME

23. STREET ADDRESS

24. CITY - ST - ZIP

3. TITLE

☐ Change

☐ Addition

3. NAME

33. STREET ADDRESS

34. CITY - ST - ZIP

4. TITLE

☐ Change

☐ Addition

4. NAME

43. STREET ADDRESS

44. CITY - ST - ZIP

5. TITLE

☐ Change

☐ Addition

5. NAME

53. STREET ADDRESS

54. CITY - ST - ZIP

6. TITLE

☐ Change

☐ Addition

6. NAME

63. STREET ADDRESS

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)(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

4/15/96

605-864-2789

CR2E034 (12/95)