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

FILED
Aug 08 1996 8:00 am
Secretary of State

DOCUMENT # **P95000023418 (3)**

1. Corporation Name

RAVE GROUP, INC.

Principal Place of Business	Mailing Address
1111 KANE CONCOURSE SUITE 211 BAY HARBOR ISLAND FL 33154	1111 KANE CONCOURSE SUITE 211 BAY HARBOR ISLAND FL 33154

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc (22)	Suite, Apt. #, etc (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

3. Date Incorporated or Qualified: **03/23/1995**

3a. Date of Last Report:

4. FEI Number: 65-056 8281 ☐ 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

AMERILAWYER
343 ALMERIA AVE
CORAL GABLES FL 33134

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 New or Current Agent Required for Agent Change (Required) DATE

12. OFFICERS AND DIRECTORS		
TITLE	P	☐ DELETE
NAME	MAHOMED, CASSIM	
STREET ADDRESS	1111 KANE CONCOURSE	
CITY-ST-ZIP	BAY HARBOR ISLAND FL 33154	
TITLE	V. PRESIDENT	☐ DELETE
NAME	RADHA MAHOMED	
STREET ADDRESS	1111 KANE CONCOURSE	
CITY-ST-ZIP	BAY HARBOR ISLANDS, FL 33154	
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		
13.1 TITLE		☐ Change ☐ Addition
13.2 NAME		
13.3 STREET ADDRESS		
13.4 CITY-ST-ZIP		
23.1 TITLE		☐ Change ☒ Addition
23.2 NAME	→ NEW ADDITION	
23.3 STREET ADDRESS		
23.4 CITY-ST-ZIP		
33.1 TITLE		☐ Change ☐ Addition
33.2 NAME		
33.3 STREET ADDRESS		
33.4 CITY-ST-ZIP		
43.1 TITLE		☐ Change ☐ Addition
43.2 NAME		
43.3 STREET ADDRESS		
43.4 CITY-ST-ZIP		
53.1 TITLE		☐ Change ☐ Addition
53.2 NAME		
53.3 STREET ADDRESS		
53.4 CITY-ST-ZIP		
63.1 TITLE		☐ Change ☐ Addition
63.2 NAME		
63.3 STREET ADDRESS		
63.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is true. Filing is voluntary, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 31, 1996 (305) 868-4813

Date Daytime Phone #

CR2E034 (12/95)