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 # **P95000084807 (3)**

1. Corporation Name

RASMI SONS, INC.

Principal Place of Business	Mailing Address
2744 DEL CREST DRIVE POST OFFICE BOX 66 GOLDENROD FL 32733-0066	2744 DEL CREST DRIVE POST OFFICE BOX 66 GOLDENROD FL 32733-0066

3. Date Incorporated or Qualified: **11/02/1995**

3a. Date of Last Report:

4. FEI Number: X 59-3341285 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 5501 W Irlo Bronson Hwy	26 5501 W Irlo Bronson Hwy
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Kissimmee FL	28 Kissimmee FL
24 Zip 34746	29 Zip 34746
25 Country Osceola	30 Country Osceola

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

9. Name and Address of Current Registered Agent

ELMUSA, MAZEN
2744 DELCREST DRIVE
ORLANDO FL 32817

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 607.1502, 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 (Date)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	ELMUSA, MAZEN		12 NAME		
STREET ADDRESS	2744 DEL CREST DRIVE		13 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32817		14 CITY-ST-ZIP		
TITLE	D	☐ DELETE	21 TITLE		☒ Change ☐ Addition
NAME	ALMOUSA, JAMAL		22 NAME		
STREET ADDRESS	3214 ARROWHEAD LANE		23 STREET ADDRESS	3040 Arrowhead Lane	
CITY-ST-ZIP	KISSIMMEE FL 34746		24 CITY-ST-ZIP	Kissimmee FL 34746	
TITLE	D	☒ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	ALMOUSA, BASIL		32 NAME		
STREET ADDRESS	3036 PARKWAY BLVD. #304		33 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL 34747		34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	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: Mazen Elmusa 4. 4. 96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date)

CR2E034 (12/95)