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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000094267 1. Corporation Name

RAZ TRADE, INC.

	•
Principal Place of Business	Mailing Address
2851 N.E. 183RD ST. APT. 615 E.	2851 N.E. 183RD ST. APT. 615 E.
N. MIAMI BEACH FL 33160	N. MIAMI BEACH FL 33160

FILED Feb 12, 1999 8:00am **Secretary of State**

02-12-1999 90020 025 ***150.00



Principal Place	e of Business	Mailing Address					13 ## 141 ## 11 #	10111 111111	1010 B1111 10	
2851 N.E. 183R		2851 N.E. 183RD ST.								
APT. 615 E. N. MIAMI BEACH FL 33160		APT. 615 E.								
			N. MIAMI BEACH FL 33160			DO NOT WRIT	E IN THIS	SPACE		
		•				3. Date Incorporated or Qualifed 12/12/1995				
2. Principal Place of Business 2a. Mailing		2a. Mailing Address	ng Address			4. FEI Number			Applied F	or
					65-0686570		\longrightarrow	Not Appli		
26 Suite, Apt. #, etc. Suite, Apt. #, etc.		.		05'0000370			5 Addition			
—	#, etc.	⊢				5. Certifcate of Status Desired			Required	
22		27				•				
City & State	e	City & State				6. Election Campaign Financing			0 May B	
23		28				Trust Fund Contribution			d to Fee	3
Zip	Country	Zip	Cou	intry		8. This corporation owes the curre	nt year Int			
24	25	29	30			Personal Property Tax.		Xi Yes	□No	
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Ro	gistered	Agent		
YUN	IGER, AVIVA				Name					
2851	1 N.E. 183RD ST.				Street Addre	ess (P.O. Box Number is Not Acceptate	ole)	3 4 34 40	16 4 12 12	
N. M	AIAMI BCH FL 33160			83					Truck.	X 100
			.	84	City	and the second s	FL	85 'Z	ip Code	2 (4.20)
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	es, the at	bove-	named corpo	ration submits this statement for the p	urpose of	changing	its registe	ered
│ ′ office or n	registered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was a	uthonzed	d by th	ne corporation	n's board of directors. I hereby accept	the appoir	ntment as	registere	ď
ļ										
SIGNATURE							DATE -			_ ,
	Signature, typed or printed name of registered agent a			Agent s	signature required	when reinstating)	DATE	ID DIREC	TORS IN	- 12
12.	OFFICERS AND	DIRECTORS	13.		signature required	ADDITIONS/CHANGES TO OFF				
12.	OFFICERS AND		13. 1.1 ππ	TLE	signature required			D DIREC		12 Addition
12.	OFFICERS AND PD YUNGER, AVIVA	DIRECTORS	13. 1.1 TIT 1.2 NA	TLE NME		ADDITIONS/CHANGES TO OFF				
12.	OFFICERS AND PD YUNGER, AVIVA 2851 N.E. 183RD ST APT 615	DIRECTORS	13. 1.1 TIT 1.2 NA	TLE NME	signature required	ADDITIONS/CHANGES TO OFF				
12. TITLE NAME	OFFICERS AND PD YUNGER, AVIVA	DIRECTORS DELETE	13. 1.1 TIT 1.2 NA 1.3 ST 1.4 CIT	TLE AME TREET A	ADDRESS	ADDITIONS/CHANGES TO OFF		☐ Chan	ge 🗆 /	Addition
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14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

6.4 CITY-ST-ZIP

CITY-ST-ZIP