E NOW FILING FEE AFTER MAY 1 IS $550.00

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FILED
Jun 8 99 8:00am
Secretary of State

1997

DOCUMENT P95000051751 (

Corporation Name
KAZI MANAGEMENT CORPORATION

[redacted]

Principal Place of Business	Mailing Address
54 N.W. 167TH STREET NORTH MIAMI BEACH FL 33169	54 N.W. 167TH STREET NORTH MIAMI BEACH FL 33169-5018

3. Date Incorporated or Qualified: 12/28/1995
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business — 21: Suite, Apt. #, etc. — 22: City & State — 23: Zip — 24: Country — 25:

2a. Mailing Address — 26: 771 S Santa Fe Avenue — 27: Suite, Apt. #, etc. — 28: City & State: Pueblo CO — 29: Zip: 81006 — 30: Country

4. FEI Number: 52-1959332 — ☐ 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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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] 6/10/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent must sign)

Address Change Only

12. OFFICERS AND DIRECTORS			13. DELETE OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1 TITLE ☐ Change ☐ Add
NAME	KAZI, ZUBAIR		2 NAME
STREET ADDRESS	% 3871 SUNSWEPT DRIVE		3 STREET ADDRESS
CITY-ST-ZIP	STUDIO CITY CA 91604		4 CITY-ST-ZIP
TITLE	M	☐ DELETE	21 TITLE ☐ Change ☐ Add
NAME	VENSOR, SHARON C.		22 NAME
STREET ADDRESS	771 S. SANTA FE AVE.		23 STREET ADDRESS
CITY-ST-ZIP	PUEBLO CO 81006		24 CITY-ST-ZIP
TITLE		☐ DELETE	31 TITLE ☐ Change ☐ Add
NAME			32 NAME
STREET ADDRESS			33 STREET ADDRESS
CITY-ST-ZIP			34 CITY-ST-ZIP
TITLE		☐ DELETE	41 TITLE ☐ Change ☐ Add
NAME			42 NAME
STREET ADDRESS			43 STREET ADDRESS
CITY-ST-ZIP			44 CITY-ST-ZIP
TITLE		☐ DELETE	51 TITLE ☐ Change ☐ Add
NAME			52 NAME
STREET ADDRESS			53 STREET ADDRESS
CITY-ST-ZIP			54 CITY-ST-ZIP
TITLE		☐ DELETE	61 TITLE ☐ Change ☐ Add
NAME			62 NAME
STREET ADDRESS			63 STREET ADDRESS
CITY-ST-ZIP			64 CITY-ST-ZIP

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14. I do 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; 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] 6/8/97
SIGNATURE AND TYPED OR PRINTED NAME OF SUBMITTING OFFICER OR DIRECTOR — Date — Daytime Phone #