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PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

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Mar 10 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

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KRAAZ & KRAAZ FINANCE, INC.

Principal Place of Business Mailing Address 2810 E OAKLAND PARK BLVD #310 2810 E OAKLAND PARK BLVD #310 FT LAUDERDALE FL 33306-1801 FT LAUDERDALE FL 33433 3. Date Incorporated or Qualified 3a. Date of Last Report 04/29/1996 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 26 Suite, Apl. #, etc. Suite. Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country Zip This corporation has liability for intangible tax under s. 199.032, Yes No 24 30 Florida Statutes 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name KRAAZ, HANS E 2810 E OAKLAND PARK BLVD #310 Street Address (P.O. Box Number is Not Acceptable) FT LAUDERDALE FL 33433 В3 84 City 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, typical or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS (96/6)12. 13. DELETE Change Addition 1.1 TITLE THILE 1.2 NAME NAME CR2E034 1.3 STREET ADORESS STREET ADDRESS CITY - ST - ZIP 14 CITY-ST-ZIP DELETE Addition TITLE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP CITY - ST - ZIP Change Addition DELETE THE 31 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - \$1 - 2IP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZiP DELETE ☐ Change Addition THE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 6.1 TITEE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS I do hereby certify that the information supplied with this ting 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 supplier that annual poor 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 my acceiver 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 man attach leaf with an address. 6.4 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this