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Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #. P96000045296

1. Corporation Name

HONEYRAY, INC.

[redacted]

Principal Place of Business	Mailing Address
1840 HARRISON ST	1840 HARRISON ST
HOLLYWOOD, FL 33020	HOLLYWOOD, FL 33020

2. Principal Place of Business: 21 1840 HARRISON ST.	2a. Mailing Address: 26 1840 HARRISON ST.
Suite, Apt. #, etc: 22	Suite, Apt. #, etc: 27
City & State: 23 HOLLYWOOD, FL	City & State: 28 HOLLYWOOD, FL
Zip: 24 33020 — Country: 25 BROWARD	Zip: 29 33020 — Country: 30 BROWARD

3. Date Incorporation or Qualification: 5-29-96
3a. Date of Last Report:

4. FEI Number: 65-0674707 — ☐ 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

10. Name and Address of New Registered Agent

81 Name: Amelia Elassal
82 Street Address (P.O. Box Number is Not Acceptable): 1605 HOLLYWOOD BLVD.
83
84 City: HOLLYWOOD FL 85 Zip Code: 33020

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: Amelia Elassal — 4-28-97

Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DIRECTOR ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Riad Elassal	1.2 NAME	
STREET ADDRESS	13805 So Morrow Cir	1.3 STREET ADDRESS	
CITY-ST-ZIP	Dearborn, Mich 48126	1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	KW 5-6-97 ☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	000002178900
STREET ADDRESS		6.3 STREET ADDRESS	-05/14/97--01111--013
CITY-ST-ZIP		6.4 CITY-ST-ZIP	****165.00

CR2E034 (9/96)

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; 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: Amelia Elassal — Amelia Elassal — 4-28-97 — 954 925-4414

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date