

FILED

Apr 22 1998 8:00am
Secretary of State

<p>PROFIT CORPORATION ANNUAL REPORT 1998</p>		<p>FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS</p>
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DOCUMENT # P97000071290 (5)

RAYSAN INTERNATIONAL INC.

Principal Place of Business	Mailing Address
3343 N.W. 69TH AVENUE MARGATE FL 33063	3343 N.W. 69TH AVENUE MARGATE FL 33063



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25	29	30

3. Date Incorporated or Qualified
08/18/1997

4. FEI Number
C5-0775080

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	
SCHWARTZ, ANATOLI R 3343 N.W. 69TH AVENUE MARGATE FL 33063	1
	2

10. Name and Address of New Registered Agent			
1	Name		
2	Street Address (P.O. Box Number is Not Acceptable)		
3			
4	City	FL 85	Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the 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, typed or printed name of registrant, agent, and title, if applicable.

(NOTE: Registered agent signature required when reinstating)

DATE _____

12.	OFFICERS AND DIRECTORS	13
TITLE	<input type="checkbox"/> DELETE	1.1
NAME		1.2
STREET ADDRESS		1.3
CITY - ST - ZIP		1.4
TITLE	<input type="checkbox"/> DELETE	2.1
NAME		2.2
STREET ADDRESS		2.3
CITY - ST - ZIP		2.4
TITLE	<input type="checkbox"/> DELETE	3.1
NAME		3.2
STREET ADDRESS		3.3
CITY - ST - ZIP		3.4
TITLE	<input type="checkbox"/> DELETE	4.1
NAME		4.2
STREET ADDRESS		4.3
CITY - ST - ZIP		4.4
TITLE	<input type="checkbox"/> DELETE	5.1
NAME		5.2
STREET ADDRESS		5.3
CITY - ST - ZIP		5.4
TITLE	<input type="checkbox"/> DELETE	6.1
NAME		6.2
STREET ADDRESS		6.3
CITY - ST - ZIP		6.4

13	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2	E	
1.3	EET ADDRESS	
1.4	Y - ST - ZIP	
2.1		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2	E	
2.3	EET ADDRESS	
2.4	Y - ST - ZIP	
3.1		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2	E	
3.3	EET ADDRESS	
3.4	Y - ST - ZIP	
4.1		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2	E	
4.3	EET ADDRESS	
4.4	Y - ST - ZIP	
5.1	E	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2	E	
5.3	EET ADDRESS	
5.4	Y - ST - ZIP	
6.1	E	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2	E	
6.3	EET ADDRESS	
6.4	Y - ST - ZIP	

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.

CR2E034 (10/97)