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PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham *

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

P97000093340 (2)

RAZZMATAZ TOO INC.

FILED May 27 1998 8:00am Secretary of State

Mailing Address Principal Place of Business 18001 JHW. 14TH AVENUE 18001 N.W. 14TH AVENUE MUNI FL 33169 MIAMITE 33169 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 28. Mailing Address 10/30/1997 4. FEI Number 2. Principal Place of Businoss Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Country This corporation owes or has paid the current year Intangible Broward ☐ Yes 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name TAYLOR, MICHAEL 20401 N.W. 2ND AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) **STE 208** 83 **MIAMI FL 33169** 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** Signature, typod or printed namic of registered agent and title if applicable (NOTE. Registered Agent's gnature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PD DELETE Change Addition TITLE 1.1 TITLE LEE, JANET D NAME 1.2 NAME 18001 NW 14TH AVE STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33169** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE 2.1 TITLE ☐ Change Addition TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Addition 31 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4. CHTY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 417ITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST-ZIP DELETE Addition Change 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. Thereby 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 trusted employeed 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 without address.

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