FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000050745

Raz Holdings, Inc.

99 OCT 14 PM 2: 50

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Fanotoi Pai	e of Business	Mailing Address		
152	3 71 Tashinaton	A.10		
200	a washing to	()		DO NOT WRITE IN THIS SPACE
177)	3 Washington iami Beach.	F1. 33139		3. Date Incorporated or Qualified
21 00	and of Business above	2a. Mailing Address		4. FEI Number 6. D844570. Applied For Not Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.		5. Certifcate of Status Desired \$8.75 Additional Fee Required
City & Sta	. <u>.</u>	City & State		6. Election Campaign Financing \ Trust Fund Contribution \$5.00 May Be Added to Fees
Zip	Country	Zip	Country	This corporation owes the current year Intangible
24	25 9. Name and Address of Current	[29] [30	<u>1 1</u>	Personal Property Tax.
1	<u></u>		81 Na	10. Name and Address of New Registered Agent
l vaa a	lcov Gratsya 20 152 St. #	ກຸ		GILLON Darak
() 2.1	20 152 St.O#	: 14	82 St	reet Address (P.O. Box Number is Not Acceptable)
			83	1623 Washington UN
γ	riami Beach	.FI 33139.		<u> </u>
-	£		[64] 0"	m 1000 ch FL 33139
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. Lam familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.				
. 11				
SIGNATURE Style-lum types of printed name of registeral (set and title if applicable) (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
10.6 P	Waacav Gratso	1901 PELETE	1.1 TITLE	Gidon Barak Change MAddition
N/ME	0420 Wand St	0 # 14	1.2 NAME	
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(J. Y-ST-ZIP	miami Be	101, M 33139	1.4 CITY-ST-ZIP	miami Beach, Fl. 33139
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C 11-51-Zet			2.4 CITY-ST-ZIP	
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STMF FT ADDRESS		'	6.3 STREET ADDRE	ESS
COY-ST-ZiP	/		6.4 CITY+ST-ZIP	

14. Hereby certify that the information supplier 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 supplier exits 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 positive 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 production of the corporation of the corp

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR