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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

DOCUMENT # **V42890** **(6)**

1. Corporation Name

RIZK TECHNOLOGY, INC.

Principal Place of Business	Mailing Address
21284 SUMMERTRACE CIR BOCA RATON FL 33428	21284 SUMMERTRACE CIR BOCA RATON FL 33428

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/09/1992**

3a. Date of Last Report: **04/28/1994**

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. # or Rte. — 22

Suite, Apt. # or Rte. — 27

City & State — 23

City & State — 28

Zip — 24 County — 25

Zip — 29 County — 30

4. FEI Number: **65-0338171** ☐ 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 § 199.032, Florida Statute. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ABRAHIM RIZK
21284 SUMMERTRACE CIRCLE
STE 105
BOCA RATON FL 33428

10. Name and Address of New Registered Agent

81 Name

82 Street Address, (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0505, and/or 617.0505, Florida Statutes, the above named corporation submits the 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

12. OFFICER AND DIRECTOR DATA		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
Title	D	☐ Change ☐ Addition
Name	RIZK, ABE	
Street Address	21284 SUMMERTRACE CIR	
City-State-Zip	BOCA RATON FL	
Title		☐ Change ☐ Addition
Name		
Street Address		
City-State-Zip		
Title		☐ Change ☐ Addition
Name		
Street Address		
City-State-Zip		
Title		☐ Change ☐ Addition
Name		
Street Address		
City-State-Zip		
Title		☐ Change ☐ Addition
Name		
Street Address		
City-State-Zip		
Title		☐ Change ☐ Addition
Name		
Street Address		
City-State-Zip		

14. To the best of my knowledge, information and belief, the statements made in this report are true and correct. I am a director or officer 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 above or on an attachment with an asterisk.

SIGNATURE: _____ 4/25/95

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

0285267 CP