FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995 7-18-95 B-78444 (4)

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

APPROVED AND FILED

95 JUL 18 AM 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V73444

1. Corporation Name

REFLECTIONS INT'L GROUP INC.

Principal Place of Business	Mailing Address
1515 NW 167 ST. SUITE 205 MIAMI FL 33169	1515 NW 167 ST. SUITE 205 MIAMI FL 33169

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/21/1992

3a. Date of Last Report: 08/11/1994

2. Principal Place of Business
21: 7870 W. SAMPLE RD.
22 Suite, Apt. #, etc.:
23 City & State: MARGATE, FLORIDA
24 Zip: 33063
25 Country: BROWARD

2a. Mailing Address
26: P.O. BOX 330844
27 Suite, Apt. #, etc.:
28 City & State: MIAMI, FLORIDA
29 Zip: 33233
30 Country: DADE

4. FEI Number: 65-0365787 ☐ 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

DAVIDSON, RON
1515 NW 167 ST.
SUITE 205
MIAMI FL 33169

10. Name and Address of New Registered Agent

81 Name: KARIM, FAZAL M
82 Street Address (P.O. Box Number is Not Acceptable): 7870 W. SAMPLE RD.
83:
84 City: MARGATE FL 85 Zip Code: 33063

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] KARIM, FAZAL M. 7/13/95
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	PS	1.1 TITLE	PRESIDENT, SECRETARY, TREASURE	☑ Change ☐ Addition
NAME	DAVIDSON, RON	1.2 NAME	KARIM, FAZAL M.	
STREET ADDRESS	1515 NW 167 ST. #205	1.3 STREET ADDRESS	7870 W. SAMPLE RD.	
CITY-ST-ZIP	MIAMI FL 33169	1.4 CITY-ST-ZIP	MARGATE, FL 33063	
TITLE	V	2.1 TITLE	VICE PRESIDENT	☐ Change ☐ Addition
NAME	KARIM, FAZAL M.	2.2 NAME	BASHIR, ASIF	
STREET ADDRESS	1515 NW 167 ST. #205	2.3 STREET ADDRESS	7870 W. SAMPLE RD.	
CITY-ST-ZIP	MIAMI FL 33169	2.4 CITY-ST-ZIP	MARGATE, FL 33063	
TITLE	V	3.1 TITLE		☐ Change ☐ Addition
NAME	BASHIR, ASIF	3.2 NAME		
STREET ADDRESS	1515 NW 167 ST. #205	3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33169	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: [signature] KARIM, FAZAL M 7/13/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0164850 CP