2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 21, 2002 8:00 am
Secretary of State
08-21-2002 90083 027 ***558.75

DOCUMENT # 344886

1. Entity Name
RAPAX, INC. ✓

Principal Place of Business	Mailing Address
11205 N.W. 7TH AVENUE MIAMI FL 33168	12000 NORTH BAYSHORE DRIVE APARTMENT 103 NORTH MIAMI FL 33181 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	~~Suite, Apt. #, etc.~~ P.O. Box 370023
City & State	City & State: Miami, FL
Zip / Country	Zip: 33137 Country: Dade

4. FEI Number 59-1384285 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PASQUA, JUDITH ANN
12000 NORTH BAYSHORE DRIVE
APT 103
NORTH MIAMI FL 33181

7. Name and Address of New Registered Agent

Name: Elsa Montijo
Street Address (P.O. Box Number is Not Acceptable): 130 NW 39 St
City: Miami FL Zip Code: 33127

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE X Judith Ann Pasqua Judith Ann Pasqua 8-5-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $550.00
After September 13, 2002 Fee will be $750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PASQUA, JUDITH ANN 1286 N.E. 96TH ST. MIAMI SHORES FL ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. Elsa Montijo 130 NW 39 St. Miami FL 33127 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X Elsa Montijo REQUIRED 8-5-02 305-573-4058
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (4/02)