

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

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90303 015 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 646401

1. Corporation Name
RATKO CORPORATION

Principal Place of Business 6375 INDIAN CREEK DRIVE MIAMI BEACH FL 33141-5842	Mailing Address 6375 INDIAN CREEK DRIVE MIAMI BEACH FL 33141-5842
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 11/28/1979	4. FEI Number 59-2408547	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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No		

9. Name and Address of Current Registered Agent KRAVLJANAC, RATKO 6375 INDIAN CREEK DRIVE MIAMI BEACH FL	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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	KRAVLJANAC, BRANISLAVA	1.2 NAME	
STREET ADDRESS	6375 INDIAN CREEK DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH, FL 00000	1.4 CITY-ST-ZIP	
TITLE	PD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SALOM, GLORIA	2.2 NAME	
STREET ADDRESS	6375 INDIAN CREEK DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH, FL 00000	2.4 CITY-ST-ZIP	
TITLE	PD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	KRAVLJANAC, RATKO	3.2 NAME	
STREET ADDRESS	6375 INDIAN CREEK DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH, FL 00000	3.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	KRAVLJANAC, RATKO	4.2 NAME	
STREET ADDRESS	6375 INDIAN CREEK DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	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 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 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, with all other like empowered.

SIGNATURE: *Ratko Kravljnac* **2-5 1999**
SIGNATURE/AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #