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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P93000022881 (5)**

1. Corporation Name
RAVENSCROFT HOLDINGS INC.

Principal Place of Business	Mailing Address
2665 S BAYSHORE DR SUITE 701 MIAMI FL 33133	2665 S BAYSHORE DR SUITE 701 MIAMI FL 33133-5401

3. Date Incorporated or Qualified: 03/26/1993
3a. Date of Last Report: 01/25/1996

2. Principal Place of Business
21: 3251 PONCE DE LEON BLVD
22: Suite, Apt. #, etc.
23: City & State: CORAL GABLES, FL
24: Zip: 33134-7201
25: Country: USA

2a. Mailing Address
26: 3251 PONCE DE LEON BLVD
27: Suite, Apt. #, etc.
28: City & State: CORAL GABLES, FL
29: Zip: 33134-7201
30: Country: USA

4. FEI Number: 65-0588516 ☐ 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**
MCALPIN, RICHARD J ESQ.
MITCHELL,MCALPIN,BRAIS & ASSOCIATES, P.A.
2650 BISCAYNE BOULEVARD
MIAMI FL 33137

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 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: _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	HOSKINSON, LEONARD J		1.2 NAME	
STREET ADDRESS	2665 SOUTH BAYSHORE DRIVE, NO. 701		1.3 STREET ADDRESS	3251 PONCE DE LEON BLVD
CITY-ST-ZIP	COCONUT GROVE FL 33133		1.4 CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	DV	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	MITCHELL, KEVIN		2.2 NAME	
STREET ADDRESS	2665 SOUTH BAYSHORE DRIVE, NO. 701		2.3 STREET ADDRESS	3251 PONCE DE LEON BLVD.
CITY-ST-ZIP	COCONUT GROVE FL 33133		2.4 CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	V	☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	ARTHUR, JOHN		3.2 NAME	
STREET ADDRESS	2665 SOUTH BAYSHORE DRIVE, NO. 701		3.3 STREET ADDRESS	3251 PONCE DE LEON BLVD
CITY-ST-ZIP	COCONUT GROVE FL 33133		3.4 CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	V	☐ DELETE	4.1 TITLE	☒ Change ☐ Addition
NAME	KURUP, AJIT		4.2 NAME	
STREET ADDRESS	2665 S BAYSHORE DRIVE, NO. 701		4.3 STREET ADDRESS	3251 PONCE DE LEON BLVD.
CITY-ST-ZIP	MIAMI FL 33133		4.4 CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	S	☐ DELETE	5.1 TITLE	☒ Change ☐ Addition
NAME	VON WALTER, KAREN		5.2 NAME	
STREET ADDRESS	2665 S BAYSHORE DRIVE, NO. 701		5.3 STREET ADDRESS	3251 PONCE DE LEON BLVD.
CITY-ST-ZIP	MIAMI FL 33133		5.4 CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	DC	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	MENENDEZ ROSS, RICARDO		6.2 NAME	
STREET ADDRESS	27 LEADENHALL STREET		6.3 STREET ADDRESS	
CITY-ST-ZIP	LONDON, ENGLAND EC3A 1AA		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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.

SIGNATURE: _____ 2/24/97 305 446 2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #