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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000045675 1. Corporation Name

R RATALLA CORP

May 03, 1999 8:00 am Secretary of State

05-03-1999 90030 022 ***150.00

n Daia	LLA CONF				
Principal Place	e of Business	Mailing Address		- 1985/1984 him läide hital abili aarei aanti aarti arkii arka arii	8 81111 (\$981 8111 (881
•		777 BRICKELL AVENUE		`	
NORTH MIAMI BEACH FL 33180 MIAMI FL 33131			DO NOT WRITE IN THIS SPACE		
	•			3. Date Incorporated or Qualifed	-
	<u> </u>			06/29/1993	
2. Principal Place of Business 2a. Mailing Address			4. FEI Number	Applied For	
21 26			58-2244233	Not Applicable .75 Additional	
		Suite, Apt. #, etc.			ee Required
27		City & State		-6. Election Campaign Financing - \$5	5.00 May Be
23 28		<u>├</u>			dded to Fees
Zip Country Zip		Country 8. This corporation owes the current year Intangible			
24	25	29	30	Personal Property Tax. Ye	s No
	9. Name and Address of Current	t Registered Agent		10. Name and Address of New Registered Agent	
ı Anı	CAROLA IORGE L		81 Name		
LOPEZ-GARCIA, JORGE L 777 BRICKEL AVENUE			82 Street Address (P.O. Box Number is Not Acceptable)		
SUITE 950		83			
MIAMI FL 33131					
		84 City	FL 85	Zip Code	
11 Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statute	s, the above-named con	poration submits this statement for the purpose of change	ng its registered
office or r	egistered agent, or both, in the State on familiar with, and accept the obligat	of Florida. Such change was au	ithorized by the corporati	ion's board of directors. I hereby accept the appointment	as registered
SIGNATURE		(NOTE:	Registered Agent signature requir	ad when reinstating) DATE	
12.	Signature, typed or printed name of registered agent OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFICERS AND DIR	ECTORS IN 12
TITLE	PDT	DELETE	1.1 TITLE		
NAME	BATALLA, JULIAN A	•	1.2 NAME		
STREET ADDRESS	COOR IN COUNTRY OF ID DON'T		1.3 STREET ADDRESS		{
CTTY-ST-ZIP	NORTH MIAMI BEACH FL 33180		1.4 CITY-ST-ZIP		
TITLE	VPS	☐ DELETE	2.1 TITLE	C	nange
NAME .	DE BATALLA, ANA ISABELA G		2.2 NAME		
STREET ADDRESS	20335 W. COUNTRY CLUB DRI		2.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI BEACH FL 3318		2.4 CITY-ST-ZIP		nange
TITLE		DELETE	3.1 TITLE	्	mile [] Mudinosi
NAME			3.2 NAME		
STREET ADDRESS	,		3.3 STREET ADDRESS 3.4. CITY-ST-ZIP	•	
CITY-ST-ZIP TITLE	<u> </u>	☐ DELETE	4.1 TITLE		hange Addition
NAME	,	, —	4. 2 NAME		
STREET ADDRESS	18		4.3 STREET ADDRESS	* .	ŀ
CITY-ST-ZIP	1		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		nange 🗀 Addition
NAME	$\begin{bmatrix} \cdot & \cdot & \cdot & \cdot \\ \cdot & \cdot & \cdot & \cdot \end{bmatrix}$		5.2 NAME		ļ
STREET ADDRESS		•	5.3 STREET ADDRESS	, in the second of the second	ł
CITY-ST-ZIP			5.4 CITY-ST-ZIP		·
TITLE		☐ DELETE	6.1 TITLE	. C	hange 🔲 Addition
NAME			6.2 NAME	'	

6.4 CITY-ST-ZIP CITY-ST-ZIP proces no qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information fortys true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an stee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in an address, with all other like empowered. 14. I hereby certify that the information supplied with this indicated on this annual report or supplemental arm officer or director of the corporation or the received Block 12 or Block 13 if changed, or on an attachning

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS