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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998 DOCUMENT # P9500053076 (2)

FILED Jan 21 1998 8:00am Secretary of State

RAPPO	ORT INTERNATIONAL CORPO	ORATION				
Principal Plac	ce of Business	Mailing Address		a todylddi yla islat sifii ddill chill s	INESS MÜNIMI NITAN ESSIT NA	is suming mille (Das
13416 SW 131 ST 13416 SW 131 ST MIAMI FL 33186 MIAMI FL 33186 US US					E IN THIS SPACE	
İ				3. Date Incorporated or Qualified 07/11/1995	<u>:</u>	
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number		Applied For
21		26		65-0597428	-	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.7	75 Additional
22		27		5. Certificate of Status Desired	Fe Fe	e Required
City & Stat	te	City & State		6. Election Campaign Financing	\$5.	00 May Be
23	<u> </u>	28	· · · · · · · · · · · · · · · · · · ·	Trust Fund Contribution	☐ Ad	ded to Fees
Zip	Country	Zip	Country	8. This corporation owes or has p		_ *
24	25	29	30	Personal Property Tax due Jun		☐ No
	9. Name and Address of Curren	it Registered Agent		10. Name and Address of New R	egistered Agent	
1	PES, FATIMA G		81 Name			Į.
ſ	20 S.W. 164TH TERRACE		82 Street Add	iress (P.O. Box Number is Not Accepta	ıble)	
į MIZ	AMI FL 33157					
			83			
			84 City		85	Zip Code
					FL I	,
11. Pursuant	to the provisions of Sections 607.050:	2 and 607 1508, Florida Statut	es, the above-named corp	poration submits this statement for the	purpose of changi	ng its registered
į	am familiar with, and accept the obliga	of Florida, Such change was a ations of, Section 607.0505, Flo	authorized by the corporal orida Statutes.	poration submits this statement for the tition's board of directors. I hereby acce	pt the appointmen	t as registered
agent. I a						t as registered
SIGNATURE	in familiar with, and accept the obligation of t	nt and title if applicable. (NOT	E. Registered Agent signature required.	ired when reinstating)	DATE	<u> </u>
į	Signature, typed or printed name of registered ager	nt and title if applicable. (NOT	E. Registered Agent signature requir		DATE	TORS IN 12
SIGNATURE	Signature, typed or printed name of registered age: OFFICERS AND	nt and title if applicable. (NOT)	E. Registered Agent signature requirements	ired when reinstating)	DATE CERS AND DIREC	TORS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered ager OFFICERS AND	nt and title if applicable. (NOT)	E. Registered Agent signature required 13.	ired when reinstating)	DATE CERS AND DIREC	TORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age: OFFICERS AND D LOPES, FATIMA G 8220 S.W. 164TH TERRACE	nt and title if applicable. (NOT)	E. Registered Agent signature required 13. 1.1 TITLE 1.2 NAMÉ 1.3 STREET ADDRESS	ired when reinstating)	DATE CERS AND DIREC	TORS IN 12
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered age: OFFICERS AND D LOPES, FATIMA G 8220 S.W. 164TH TERRACE MIAMI FL 33157 D	nt and title if applicable. (NOT) D DIRECTORS DELETE	E. Registered Agent signature required 13. 1.1 TITLE 1.2 NAMÉ 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	ired when reinstating)	DATE CERS AND DIREC	TORS IN 12
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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 eath; 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 chapged, or on an attachment with an address.

SIGNATURE

THE REQUE

G. Lopes

1/3/98

305-234-8005