PROFIT CORPORATION ANNUAL REPORT

(L)

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999

DOCUMENT # P960000 83862

RA'AH SHALOM CORPORATION

Principal Place of Business

Mailing Address

18520 NW 67 TH AVENUE 1862DAW 67TH AVENUE DO NOT WRITE IN THIS SPACE SUITE \$ 342 Suite # 342 3. Date Incorporated or Qualifed MIA FL 330N MIA FL 33015 10/10/96 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 65-07/6995 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 22 6. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution Added to Fees City & State City & State Trust Fund Contribution 23 Country Zip 8. This corporation owes the current year Intangible Zip Country Personal Property Tax. □No 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name PONCE PATRICIA J. Street Address (P.O. Box Number is Not Acceptable) 18520 NW 67TH AUR \$342 83 MIA FL 33015 84 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ☐ Change DELETE ☐ Addition 1.1 TITLE TITLE PRESIDENT PONCE PATRICIA J 18520 NW 67TH AVE \$342 1.2 NAME NAME 1.3 STREET ADDRESS STREET ADDRESS MIA FL 33015 CITY-ST-ZIP 1.4 CFTY-ST-ZIP SECRETARY DELETE Change Addition 21 TITLE TITLE SUAREZ MÉRCEDES B. 2.2 NAME NAME 19225 NW 67 TH AVE \$342 2.3 STREET ADDRESS STREET ADDRESS MIA FL 33015 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 3.1 TITLE ☐ Change ☐ Addition TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 4 1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ DELETE 5.1 TITLE ☐ Change Addition TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE DELETE Change Addition TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 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 further than the number of the 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/06/99

(345) 4740211

FILED

Jul 14, 1999 8:00 am

Secretary of State

07-14-1999 90007 023 ***150.00

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Ra'ah Shalom Inc.

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Miami, FL 33015
Tel: (305) 474-0211 • Fax: (305) 474-0217
email pponce1@bellsouth.net

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JUNE 1,1999

TO: FLORIDA DEPARTMENT OF STATE
1999 CORPORATE ANNUAL REPORT

THE 1999 CORPORATE ANNUAL REPORT FOR THE COMPANY RA'AH SHALOM CORP.

WE DID NOR RECEIVE YET, I SEND A LETTER ON MAY 11, 1999

I ALSO ASK FOR A COPY BY PHONE, AND TODAY IS JUNE 1, I HAVE NOT RECEIVE THIS YET

I'M SENDING YOU A COPY OF THE LETTER, COPY OF LAST YEAR FORM BEACUSE WE HAVE

THE SAME PROBLEM LAST YEAR. AND WE PAY \$550,00

WE ARE SENDING YOU A CHECK # 1291 FOR \$150.00 FOR THIS YEAR PAYMENT.

THANKS FOR YOUR TIME AND HELP ON OUR CASE.

SINCERFIN

MARCEDES B. SUAREZ