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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000072162 (5) DOCUMENT

Mailing Address	
8610 NW 21 CT. Sumpilse Fl 33322	
	3.
2a. Mailing Address	4.
	8610 NW 21 CT. SUNFIISE FL 33322

FILED May 07 1998 8:00am Secretary of State

RAVINCAR ENTERPRISES, INC. DO NOT WRITE IN THIS SPACE Date Incorporated or Qualified 08/20/1997 Applied For 65-018066*8* Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution П Added to Fees Ζıp Country Country Žφ 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 25 30 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name DURAN, CARLOS J 8610 NW 21 CT. 82 Street Address (P.O. Box Number is Not Acceptable) SUNRISE FL 33322 83 85 Zip Code 84 City 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 Signature, typod or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. TITLE DELETE Change ___ Addition **DURAN, CARLOS J** NAME 1.2 NAME 8610 NW 21 CT. STREET ADDRESS 1.3 STREET ADDRESS SUNRISE FL 33322 CITY-ST-ZIP 1.4 CITY - ST - ZIP TITLE DELETE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Addition TITLE 3.1 TITLE Change NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change ■ Addition 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADORESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST - ZIP THILE DELETE 6 1 TITLE Change Addition NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

14. Thereby 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:

carlos Duran