

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 2:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **646401**

(0)

1. Corporation Name

RATKO CORPORATION

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **6375 INDIAN CREEK DRIVE
MIAMI BEACH FL 33141-5842**
Mailing Address: **6375 INDIAN CREEK DRIVE
MIAMI BEACH FL 33141-5842**

3. Date Incorporated or Qualified 11/28/1979	3a. Date of Last Report 02/21/1994
4. FFI Number 59-2408547	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 interstate tax under C-103 (202), Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. # etc.	26. Suite, Apt. # etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Fax	30. Fax

9. Name and Address of Current Registered Agent

**KRAVLJANAC, RATKO
6375 INDIAN CREEK DRIVE
MIAMI BEACH FL**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. City
85. Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE _____ Date _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	D KRAVLJANAC, BRANISLAVA 6375 INDIAN CREEK DR MIAMI BCH, FL 00000	1. NAME	☐ Change ☐ Addition
STREET ADDRESS		2. NAME	
CITY & STATE		3. STREET ADDRESS	
ZIP		4. CITY & STATE	
NAME	PD SALOM, GLORIA 6375 INDIAN CREEK DR MIAMI BCH, FL 00000	5. NAME	☐ Change ☐ Addition
STREET ADDRESS		6. NAME	
CITY & STATE		7. STREET ADDRESS	
ZIP		8. CITY & STATE	
NAME	PD KRAVLJANAC, RATKO 6375 INDIAN CREEK DR MIAMI BCH, FL 00000	9. NAME	☐ Change ☐ Addition
STREET ADDRESS		10. NAME	
CITY & STATE		11. STREET ADDRESS	
ZIP		12. CITY & STATE	
NAME	D KRAVLJANAC, RATKO 6375 INDIAN CREEK DR. MIAMI BEACH FL	13. NAME	☐ Change ☐ Addition
STREET ADDRESS		14. NAME	
CITY & STATE		15. STREET ADDRESS	
ZIP		16. CITY & STATE	
NAME		17. NAME	☐ Change ☐ Addition
STREET ADDRESS		18. NAME	
CITY & STATE		19. STREET ADDRESS	
ZIP		20. CITY & STATE	

14. I, the undersigned, certify that the information supplied with this filing is substantially true and correct, and that I am qualified to be the undersigned as stated in the above 1995 Florida Statutes. Further, I certify that the information included 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 registered or designated agent named herein and that my signature is required by Chapter 407, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE: *Ratko Kravljanc* Date: **4/28/95 (2005) 868-7546**