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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

DOCAN	MENT # L2797	3							
1. Corporation Name RAYVON INVESTMENTS, INC.									
Principal Place	of Business	Mailing Address			1 :00:1011 ora 11011 table	. 18111 18888 III SIBII I	Biftet Bifte geger fer.	Bit Billie inde	
800 Sw. 21	l at	800 SW 26 ST							
FT LAUDERDALE FL 33315 FT LAUDERDALE FL 33315			5		DO NO	DO NOT WRITE IN THIS SPACE			
US		US			3. Date Incorporated or Qu		JOFAUL		
					11/03/1989				
Principal Place of Business 2a. Mailing Address					4. FEI Number		App	olied For	
21		26			65-0152529			t Applicable	
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.	100 11101		5. Certifcate of Status Des	ired 🗆	\$8.75 A		
22		27					Fee Rec		
City & State)	—	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
23	28 Zin		Country		Trust Fund Contribution) Fees	
Zip 	Country	Zip	30	,	This corporation owes to Personal Property Tax.	ie current year in		□No	
24	9. Name and Address of Curr	29 29 Agent	[30]		10. Name and Address of	New Registered			
	3. Name and Address of Our	Terre Registered Agent	81	Name			•		
VEILL	.Eux, raymond				Addes - (C.O. Barry Number in Net /	\ contable\			
800 S W 26TH STREET			82	Street	Address (P.O. Box Number is Not A	(cceptable)		6 3	
FT LAUDERDALE FL 33315			83			- :	- 1	-2".	
			_	0			- 85 Zip C	ode.t.	
			84	City		FL	_ 3 65 250	.000.1.2	
11. Pursuant l	to the provisions of Sections 607.0	0502 and 607.1508, Florida Statu	tes, the abov	re-named	corporation submits this statement	for the purpose o	f changing its r	registered	
affina as se	egistered agent, or both, in the Sta n familiar with, and accept the obl	ate of Florida. Such change was a	authorized by	the corp	oration's board of directors. I hereby	/ accept the appo	Antment as reg	jistereu	
	II igitiliai Willi, alia accopt tilo co.	igation of construction in							
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable. (NOT	E: Registered Age	nt signature r	required when reinstating)	DATE			
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES	TO OFFICERS A	Change	RS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE		D Wanter Wile)	Pilange		
NAME)	VEILLEUX, YVON		1.2 NAMÉ		VEILLEUX YUO	12)	
STREET ADDRESS	1760 S W 30TH PLACE			TADDRESS	DAVIE FL. 3	フィマーと・モノヴ)		
CITY-ST-ZIP	FT LAUDERDALE FL	□ briete	1.4 CITY-	ST-ZIP	DAVIE PE	<u>, </u>	Change	Addition	
TITLE	D	☐ DELETE	2.1 TITLE				Change		
NAME	VEIELEOX, TIXTINOTO		2.2 NAME						
STREET ADDRESS				TADDRESS		-			
CITY-ST-ZIP	FT LAUDERDALE FL	☐ DELETE	2.4 CITY- 3.1 TITLE	ST-ZIP			Change	Addition	
TITLE			3.1 HILL 3.2 NAME				, _ _,		
NAME				ET ADDRESS					
STREET ADDRESS			3.4. CITY-		ļ			,	
CITY-ST-ZIP		☐ DELETE	4.1 TITLE	31-21			☐ Change	Addition	
			4. 2 NAME	:					
NAME STREET ADDRESS				T ADDRESS				*	
CITY-ST-ZIP			4.4 CITY-					•	
TITLE		☐ DELETE	5.1 TITLE				☐ Change	☐ Addition	
NAME			5.2 NAME			•			
STREET ADDRESS			5.3 STREI	ET ADDRESS					
CITY-ST-ZIP			5.4 CITY-	ST-ZIP					
TITLE		☐ DELETE	6.1 TITLE				☐ Change	Addition	
NAME			6.2 NAME						
STREET ADDRESS			6.3 STRE	ET ADDRESS					

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 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

TURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR