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PROFIT CORPORATION ANNUAL REPORT 1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 503784

(1)

RAVCE INC

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FILED

May 04 1998 8:00am

Secretary of State

144100	Li illo:										
Principal Plac	ce of Busine	88	Mailing	Address				F##0140 01111 18480 14411 10000 10111 8400 011	EAF ON III OIL		IL OVOH (DA)
4656 SW 75	TH AVE		-	SW 75TH AVE							
MIAMI FL 33	3155			FL 33155							
								DO NOT WRITE IN	THIS SPA	ACE	
								3. Date Incorporated or Qualified 05/19/1976			
2. Principal F	Place of Busi	iness	2s. Mai	ling Address				4. FEI Number		TA	oplied For
21			26					59-1674525			ot Applicable
Suite, Apt	#, etc.		Suit	e, Apt. #, etc.				5. Certificate of Status Desired	7 7		Additional
22		***	27	······································				o. Certificate of Status Desired		Fee Re	equired
City & Sta	ite		<u> </u>	& State				6. Election Campaign Financing	_	\$5.00	
Zip		Country	28 Zp		l Co.	intry		Trust Fund Contribution		Added	
24		25	29		30	ai iti y		8. This corporation owes or has paid the	he curren		angible No
2	9. Name	and Address of Cur	rent Registered	I Agent	[30]	T		Personal Property Tax due June 30. 10. Name and Address of New Regist			7 100
RC		ST JULIEN P., JR		- 		61	Name				
	54 BAYVIE						Charles A.d.	(DO D. N			
	JITE 700					82	Street Add	dress (P.O. Box Number is Not Acceptable)			
	AMI FL 331	133				83					
						84	City		12		01-
							•			-	Code
11. Pursuant office or	to the provis	sions of Sections 607.0	0502 and 607.15	08, Ftorida Statu	ites, the a	bove	-named cor	poration submits this statement for the purpo ation's board of directors. I hereby accept the	ose of ch	anging it	s registered
agent. I a	am lamiliar w	ith, and accept the ob	ligations of, Sec	tion 607.0505, F	orida Sta	utes	ine corpora i.	ation's board or directors, thereby accept the	e appoin	imeni as	registered
CIONATURE											
SIGNATURE											
	Signature, type:	or punied name of registered				d Agei	nt signature requ		DATE	DECTOR	
12.	Signature: typec		agent and title if applic AND DIRECTOR	S	13.		nt signature requ	ired when reinstaling) 0 ADDITIONS/CHANGES TO OFFICERS	S AND DI		
12.	PD	OFFICERS A			13. 11 Ti	FLE	nt signature requ		S AND DI	RECTOR Change	IS IN 12
12.	PD CABAS			S	13. 11 TI 1.2 N	TLE			S AND DI		
12. TITLE NAME STREET ADDRESS	PD CABAS	ÖFFICERS A SA, PAUL L. W 66 ST.		S	13. 11 TI 12 N 1.3 S	TLE NME REET	ADDRESS		S AND DI		
12. TITLE NAME	PD CABAS 7785 S	ÖFFICERS A SA, PAUL L. W 66 ST.		S	13. 11 TI 12 N 1.3 S	ILE AME REET , TY-\$1	ADDRESS		S AND DI		
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CABAS 7785 S' MIAMI I STD DALL'O	OFFICERS A SA, PAUL L. W 66 ST. FL PRSO,VITTORIO		S DELETE	13. 11 TI 1.2 N 1.3 S 1.4 CI	TLE AME REET : TY-SI TLE	ADDRESS		S AND DI	Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE	PD CABAS 7785 S' MIAMI I STD DALL'O 1205 M	OFFICERS A SA, PAUL L. W 68 ST. FL PRSO,VITTORIO IARIPOSA AVE		S DELETE	13. 11 TI 1.2 N. 1.3 S 1.4 CI 2.1 TI 2.2 N.	TLE AME REET I TY-SI TLE	ADDRESS		S AND DI	Change	☐ Addition
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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 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:

4/14/98 (305)261-3317