

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

**DOCUMENT # 525879**

1. Corporation Name

**RAY ELECTRONICS, INC.**

Principal Place of Business

**7133 BAY DRIVE  
PENT #1  
MIAMI BEACH FL 33141**

Mailing Address

**BOX 8693  
SAN JUAN PUERTO RICO PR 00910  
US**

2. Principal Place of Business

**21 149 S.W. 57 AVE**

2a. Mailing Address

**26 1357 ASHFORD AVE.  
Suite, Apt. #, etc.  
27 BOX 233**

City & State

**23 MIAMI FL**

City & State

**28 SAN JUAN, P.R.**

Zip

Country

**24 33144**

Zip

Country

**29 00907**

**30**

9. Name and Address of Current Registered Agent

**VALDES, RAMON  
7133 BAY DRIVE  
PENT #1  
MIAMI BEACH FL 33141**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**02/08/1977**

4. FEI Number

**59-1723649**

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 owes the current year Intangible  
Personal Property Tax.

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81 Name

**VALDES, RAMON**

82 Street Address (P.O. Box Number is Not Acceptable)

**176 APACHE RD**

83

84 City

**MIAMI SPRINGS FL**

85 Zip Code

**33166**

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

*Ramon Valdes*

Signature of registered agent or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**PD  
NAME VALDES, RAMON  
STREET ADDRESS 7133 BAY DRIVE PENT #1  
CITY-ST-ZIP MIAMI BEACH FL 33141**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

**PD  
1.2 NAME VALDES, RAMON  
1.3 STREET ADDRESS 176 APACHE RD  
1.4 CITY-ST-ZIP MIAMI SPRINGS FL 33166**

2.1 TITLE ☐ Change ☐ Addition

**2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP**

3.1 TITLE ☐ Change ☐ Addition

**3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP**

4.1 TITLE ☐ Change ☐ Addition

**4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP**

5.1 TITLE ☐ Change ☐ Addition

**5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP**

6.1 TITLE ☐ Change ☐ Addition

**6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 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.

SIGNATURE:

*Ramon Valdes*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/11/99**  
Date

**787 724 0182**  
Daytime Phone #

CR2E034 (11/98)

201/0000

**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90099 042 \*\*\*158.75

