FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # 664139 (3)

1. Corporation Name

RA-RO S.M., INC.

Principal Place of Business

1036 SW FIRST ST
MIAMI FL 33130
US

Mailing Address

1036 SW FIRST ST
MIAMI FL 33130
US

3. Date Incorporated or Qualified	**3a.** Date of Last Report
01/31/1980	05/01/1995

2. Principal Place of Business

21	2300 CORAL WAY

Suite, Apt. #, etc.

22	

City & State

23	MIAMI FLORIDA,

Zip	Country
24	33145	25	US.

2a. Mailing Address

26	2300 CORAL WAY

Suite, Apt. #, etc.

27	

City & State

28	MIAMI FLORIDA,

Zip	Country
29	33145	30	US.

4. FEI Number: 59-1968546 — 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 intangible tax under s 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

FLORIDA ANNUAL REPORT SERVICES INC
1036 SW 1 ST
MIAMI FL 33130

10. Name and Address of New Registered Agent

81	Name	FLORIDA ANNUAL REPORT SERVICES, INC.
82	Street Address (P.O. Box Number is Not Acceptable)	2300 CORAL WAY SUITE # 200
83		
84	City	MIAMI
		FL
85	Zip Code	33145

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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]*

Signature, typed or printed name of registered agent and title if applicable

AMADA CANTERA LOPEZ, PRES

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

			DELETE
TITLE	PD		☐
NAME	LOIS, RAMON		
STREET ADDRESS	540 N.W. 129 ST.		
CITY-ST-ZIP	MIAMI FL		
TITLE	STD		☐
NAME	LAUZRIQUE, ROLANDO		
STREET ADDRESS	120 S.W. 13 ST.		
CITY-ST-ZIP	MIAMI FL		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

	☐ Change ☐ Addition
1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	

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****200.00 ****200.00

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *[signature]* Rolando Lauzrique

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/29/96

Daytime Phone #