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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J46775

(9)

RAUFEL ENTERPRISES, INC.

FILED Jan 20 1998 8:00am Secretary of State



(305) 444-7459

Suite, Apt. #, etc. ## 7 27 Suite, Apt. #, etc. ## 7 S. Certificate of Status Desired \$8.75 Additional Pers Regulard City & Stato City & Cit	Principal Place	of Business	Mailing Address		T TO CALLE DATA CATAIN. CATAIN. CALLA TO THE CALLE OF THE CALLED T	
MAM Ft. 33173 US US US SUB- April 17	9260 SW 72ND STREET. SUITE 218		%ALEJANDRO A. CRESPO			
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ALEJANDRO A. CRESPO 9260 SW 72ND STREET SUITE 218 MIAMI FL 33173 82 Street Address (P.O. Box Number is Not Acceptable) 53 Street Address (P.O. Box Number is Not Acceptable) 54 City FL 95 Zip Code T1. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutors, the Address of Toroida Statutors and Code or registered agent, or both, in the State of Florida Such change was authorized by the 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 tine appointment as registered signal are all amiliar with, and accept the obligations of, Section 607, 6505, Florida Statutors. SIGNATURE SIGNATURE DPS MASVIDAL, RAUL F. 20 SVI LEJEUNE RD 1.3 SIRET ADDRESS 1.4 GITY-ST-2P INLE DRIEF ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.2 NAME 2.3 SIRET ADDRESS 1.3 SIRET ADDRESS 1.4 GITY-ST-2P INLE DELETE 3.1 THE 2.4 SIRET ADDRESS 3.5	24			30]		
ALEJANDIN A. CHESPLO SERIES SUITE 218 MIAMI FL 33173 BE Street Address (P.O. Box Numbor is Not Acceptable) BI Street Ad	ALF		it nagistaled Ageitt	R1 Name	TO. Name and Address of New Registered Agent	
SUITE 218 MIAMI FL 33173 B3	ALEJANDRO A. CRESPO					
MIAMI FL 33173 B3					Iress (P.O. Box Number is Not Acceptable)	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutos, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I am familiar with, and accept the objection 607.0505. Florida Statutos. SIGNATURE Signature State of private agent agent agent agent agent agent agent agent agent agent. I am familiar with, and accept the objection 607.0505. Florida Statutos. SIGNATURE Signature system of private agent				R3	- <u> </u>	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutos, 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 and accept the obligations of, Section 607.0505, Florida Statutos. SIGNATURE Signature type or printed name of logistered agent and the it applicable. ORTHE Registered Agent signature required when reinhalding. DATE	MIA	MI FL 331/3		" 5	DUITE # 117	
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 agent. I am familiar with, and accept the obligations of, Section 607-0505, Florida Statutes SIGNATURE				84 City	85 Zip Code	
agent 1 am familiar with, and accept the obligations of, Section 607 5905. Florida Statutios. SIGNATURE Signature Signature Signature periodal name of registered imprised name of registered name of regis	11 Pursuant to	o the provisions of Sections 607 060	22 and 607 1508 Florida Statuto	se the above paged cor		
SIGNATURE Signature bytest or printed Agene of logo stered agene and take it approaches 13.	Office or re	igistered agent, or both, in the State	e of Fiorida. Such change was a	uthorized by the corpora	tion's board of directors. I hereby accept the appointment as registered	
Signature of trigot all agent and thir's a gryscative (NOTE: Regulatored Agent algenture required when reintralating) (DAT)	agent. Lan	n familiar with, and accept the oblig	ations of, Section 607.0505, Flo	rida Statutes.		
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14. Thereby certify that the information supplied with this filling 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 eath; that I am an						
officer or director of the corporation of 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.						