

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 # L62751 (7)

1. Corporation Name

RAYA MASONRY BLOCK INC.



Principal Place of Business

6315 S.W. 28TH ST.  
MIAMI FL 33155  
US

Mailing Address

POST OFFICE BOX 141881  
CORAL GABLES FL 33114  
US

3. Date Incorporated or Qualified  
03/30/1990

3a. Date of Last Report  
04/24/1995

2. Principal Place of Business

21 P.O. Box 141881

Suite, Apt. #, etc.

22

City & State

23 CORAL GABLES, FL

Zip

24 33114

Country

25 DADE

2a. Mailing Address

26 6315 S.W. 28 ST.

Suite, Apt. #, etc.

27

City & State

28 MIAMI, FL

Zip

29 33155

Country

30 DADE

4. FEI Number

65-0194681

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

CARLOS, DORA M  
6300 S.W. 28TH STREET  
MIAMI FL 33155

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE  
NAME CARLOS, DORA  
STREET ADDRESS 6315 S.W. 28TH ST.  
CITY-ST-ZIP MIAMI FL

TITLE VP ☐ DELETE  
NAME CARLOS, JOSE  
STREET ADDRESS 6315 S.W. 28TH ST.  
CITY-ST-ZIP MIAMI FL

TITLE S ☐ DELETE  
NAME CARLOS, EFRAIN  
STREET ADDRESS 6315 S.W. 28TH ST.  
CITY-ST-ZIP MIAMI FL

TITLE T ☐ DELETE  
NAME OLIVA, BENNY  
STREET ADDRESS 6315 S.W. 28TH ST.  
CITY-ST-ZIP MIAMI FL

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  
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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-15/96

CR2E034 (12/95)