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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # L62751 RAYA MASONRY BLOCK INC.

(7)

FILED Apr 28 1997 8:00am Secretary of State

Pancipal Plac PO BOX 14188 CORAL GABLE US	អ	Mailing Address 6315 SW 26 ST MIAMI FL 33155-3020 US					
}					3. Date Incorporated or Qualified 03/30/1990	3a. Date of Last 04/18/1996	
2. Principal Flace of Business 21. D., O. 1. Box 14188/26 6:3/5 5, Stite, Apt. #, etc.			0,28 st.		4. FEI Number 65-0194681		
27		Suite, Apt. #, etc.	·		5. Certificate of Status Desired		Additional Required
City & State	al gable F.	City & State 28 7/1/6/7//	1=1		Election Campaign Financing Trust Fund Contribution		May Be d to Fees
Zip 24 33]	Country 25 1 1 DA DE	Zip 29 .33/55	Country 30 \(\) \(\) \(\) \(\) \(\)	DE		Yes No	's. 199.032
	g. Name and Address of Current	Registered Agent			10. Name and Address of New Re-	gistered Agent	
	ALOS, DORA M		81	Name			
6300 S.W. 28TH STREET MIAMI FL 33155			82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
			83				
			84	City		FL 85 Zi	p Code
office or r agent. La SIGNATURE	to the provisions of Sections our Jobs registered agent, or both, in the State of militari with, and accept the obligation Surrow types or printed have of registered agents.				oration submits this statement for the p ion's board of directors. I hereby accep ed when reinstating)	of the appointment of	as registered
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECT	OR\$ IN 12
TiTLE	P	☐ DELETE	1.1 TITLE			☐ Chang	e 🔲 Addition
NAME	CARLOS, DORA		1.2 NAME				
STREET ADDRESS	6315 S.W. 28TH ST.		1.3 STREET	ADDRESS			
CHY-ST-ZIP	MIAMI FL		1.4 CITY - S	T-ZIP			
TITLE	VP CARLOS, JOSE	DELETE	2.1 TITLE			Chang	e Addition
NAME	6315 S.W. 28TH ST.		2.2 NAME				
STREET ADDRESS	MIAMI FL		2.3 STREET		-		
CITY-ST ZIP	S	DELETE	2.4 CITY- 31 TITLE	S1 - ZIP		Chang	e Addition
NAME	CARLOS, EFRAIN		32 NAME	-			
STREET ADDRESS	6315 S.W. 28TH ST.		3.3 STREET	ADDRESS			
CITY - \$1 - ZIP	MIAMI FL		3.4. CITY				
THUE	The state of the s	DELETE	4.1 TITLE			Chang	e Addition
NAME	OLIVA, BENNY		4. 2 NAME				
STREET ADDRESS	6315 S.W. 28TH ST.		4.3 STREET	ADDRESS			
C(TY - ST - ZIP	MIAMI FL		4.4 CfTY - S	T-ZIP			
TITLE		DELETE	5.1 TITLE			Change	e 🔲 Addition
NAME			5.2 NAME				
STREET ADDRESS			5 3 STREET				
CITY - S" - 7IP		DELETE	5.4 CITY - S	1-ZIP		T Chana	e Addition
TITLE:		L.J DELETE	6.1 TITLE			Chang	FIGURDON [] &
NAME CLOSELADORICE			6.2 NAME	* TODOCCC			
STREET ADURESS			6.3 STREET				
CITY - ST - ZIP	i		6.4 CITY - S	1-ZP			

14. I do 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:

0210712