FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

'95 APR 10 PM 1:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M52914** **(2)**

1. Corporation Name
R. A. VAN SERVICES, INC.

Principal Place of Business	Mailing Address
8407 NW 70TH ST MIAMI FL 33166 US	P O BOX 523051 MIAMI FL 33152

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/29/1987
3a. Date of Last Report: 03/29/1994

2. Principal Place of Business
21: 1231 NW 87 WAY
22: Suite, Apt. #, etc.: P
23: City & State: Pembroke Pines Fl.
24: Zip: 33024
25: Country: U.S.

2a. Mailing Address
26:
27: Suite, Apt. #, etc.:
28: City & State:
29: Zip:
30: Country:

4. FEI Number: 59-2809956 ☐ 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

ARANGO, GUSTAVO R.
11359 N.W. 88 AVENUE
HIALEAH GARDEN FL 33016

10. Name and Address of New Registered Agent

01 Name: ARANGO GUSTAVO R.
02 Street Address (P.O. Box Number is Not Acceptable): 1231 NW 87 WAY
03:
04 City: Pembroke Pines FL 05 Zip Code: 33024

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: GUSTAVO R. ARANGO DATE: Mar. 31 - 1995
Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	ARANGO, GUSTAVO R.	1.2 NAME	ARANGO. GUSTAVO R.
STREET ADDRESS	11359 N.W. 88 AVE.	1.3 STREET ADDRESS	1231 NW 87 WAY
CITY-ST-ZIP	HIALEAH GARDEN FL	1.4 CITY-ST-ZIP	Pembroke Pines Fla 33024
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	ARANGO, GUSTAVO R	2.2 NAME	ARANGO MARISELES
STREET ADDRESS	11359 NW 88TH AVE	2.3 STREET ADDRESS	1231 NW 87 WAY
CITY-ST-ZIP	HIALEAH GARDENS FL	2.4 CITY-ST-ZIP	Pembroke Pines FL 33024
TITLE	STD	3.1 TITLE	☐ Change ☐ Addition
NAME	ARANGO, MARISELES	3.2 NAME	ARANGO MARISELES
STREET ADDRESS	11359 N.W. 88 AVE	3.3 STREET ADDRESS	1231 NW 87 WAY
CITY-ST-ZIP	HIALEAH GARDEN FL	3.4 CITY-ST-ZIP	Pembroke Pines FL 33024
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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, added or deleted.

SIGNATURE: GUSTAVO R. ARANGO Mar. 31/95 305-435-8261
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

016300 CP