FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -7 PM 1:44

DOCUMENT # N93000001033 (0)

1. Corporation Name
THE RIPOLL FOUNDATION CORP.

Principal Place of Business	Mailing Address
101 MADEIRA AVENUE CORAL GABLES FL 33134	101 MADEIRA AVENUE CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/01/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0557646 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

COMAS, GASTON
101 MADEIRA AVE.
CORAL GABLES FL 33134

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 _____ DATE
Signature, typed or printed 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	ZARAGOZI JORGE M.	1.2 NAME		
STREET ADDRESS	420 S.W. 18 TERRACE	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33129	1.4 CITY-ST-ZIP		
TITLE	VPD	2.1 TITLE		☐ Change ☐ Addition
NAME	DOMINGUEZ MANUEL	2.2 NAME		
STREET ADDRESS	1507 CORUNA AVE.	2.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33156	2.4 CITY-ST-ZIP		
TITLE	STD	3.1 TITLE		☐ Change ☐ Addition
NAME	COMAS GASTON J.	3.2 NAME		
STREET ADDRESS	9018 S.W. 150 AVE.	3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33186	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	MARCELINO GARCIA S.J.	4.2 NAME		
STREET ADDRESS	13339 S.W. 9 TERRACE	4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33129	4.4 CITY-ST-ZIP		
TITLE	XX	5.1 TITLE	D	☐ Change ☒ Addition
NAME	XXXXXXXXXXXXXX	5.2 NAME	ANDRES QUINTERO	
STREET ADDRESS	XXXXXXXXXXXXXX	5.3 STREET ADDRESS	191 S.W. 18 ROAD	
CITY-ST-ZIP	XXXXXXXXXXXXXX	5.4 CITY-ST-ZIP	MIAMI, FL 33129	
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	MAS RAUL	6.2 NAME		
STREET ADDRESS	606 SAN ANTONIO AVE.	6.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33146	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an addition.

SIGNATURE: [signature] SECRETARY 1/31/95 305 444-0220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Date — Daytime Phone #

0007317