

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Feb 10, 1999 8:00am**  
**Secretary of State**

0221933

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

02-10-1999 90059 001 \*\*\*\*150.00

**DOCUMENT # P01809**

1. Corporation Name  
**WHITECRAFT RATTAN, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 7350 NW MIAMI COURT MIAMI FL 33150  
 Mailing Address: 7350 NW MIAMI COURT MIAMI FL 33150

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

3	Date Incorporated or Qualified	04/27/1984
4	FEI Number	59-2403560
	Applied For	Not Applicable
5	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8	This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

FRAGA, MANUEL, JR.  
 7350 NW MIAMI COURT  
 MIAMI FL 33138

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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	TS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRAGA, MANUEL, JR.	1.2 NAME	
STREET ADDRESS	7350 NW MIAMI COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIZON, MANUEL A.	2.2 NAME	
STREET ADDRESS	7350 NW MIAMI COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BANSON, LUIS T	3.2 NAME	
STREET ADDRESS	7350 NW MIAMI COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCLAUGHLIN, GEORGE	4.2 NAME	
STREET ADDRESS	7350 NW MIAMI COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	P	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOLMON, PERRY S.	5.2 NAME	
STREET ADDRESS	7350 NW MIAMI CT	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE: 1/27/99 305-757-3407  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)