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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000006529 (0)

1. Corporation Name

RAFLE CORPORATION



Principal Place of Business

1690 NW 20TH ST.  
MIAMI FL 33142  
US

Mailing Address

1690 NW 20TH ST.  
MIAMI FL 33142  
US

3. Date Incorporated or Qualified  
01/22/1993

3a. Date of Last Report  
06/09/1995

2. Principal Place of Business

2b. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ARGUDIN, RAUL A  
1690 NW 20TH ST.  
MIAMI FL 33142

81 Name

Jose R. Fleites

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

8912 NW 148 Street

83

84 City

Miami

FL

85 Zip Code  
33015

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

*Jose R. Fleites*

Jose R. Fleites

2/20/96

(Signature typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when registering.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE  
NAME ARGUDIN, RAUL A  
STREET ADDRESS 1690 NW 20TH ST.  
CITY-ST-ZIP MIAMI FL

1.1 TITLE P./D ☒ Change ☐ Addition  
1.2 NAME FLEITES, MARLENE  
1.3 STREET ADDRESS 8912 NW 148 Street  
1.4 CITY-ST-ZIP Miami, FL 33015 ☐ Change ☐ Addition

TITLE SD ☐ DELETE  
NAME FLEITES, JOSE R.  
STREET ADDRESS 8912 NW 148TH ST.  
CITY-ST-ZIP MIAMI FL

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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:

*Jose R. Fleites*

(Signature and typed or printed name of signing officer or director)

Jose R. Fleites, Pres

2/20/96

Date

Daytime Phone #

CR2E034 (12/95)