FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT [redacted] ANNUAL [redacted]PORT
1997

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

FILED
May 30 1997 8:00am
Secretary of State

[redacted]

DOCUMENT # P93000035892 (7)

1. Corporation Name

RAS ENTERPRISES, INC.

Principal Place of Business	Mailing Address
999 PONCE DE LEON BLVD. SUITE 705 CORAL GABLES FL 33134	999 PONCE DE LEON BLVD SUITE 705 CORAL GABLES FL 33134

3. Date Incorporated or Qualified: 05/18/1993
3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0417562 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 12251 SW 96th Street	26 12251 SW 96th Street
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 MIAMI, FL	City & State 28 MIAMI, FL
Zip 24 33186 — Country 25 USA	Zip 29 33186 — Country 30 USA

9. Name and Address of Current Registered Agent

ARANGO, ALVARO
999 PONCE DE LEON BLVD.
SUITE 705
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 12251 SW 96th Street
83
84 City MIAMI FL 85 Zip Code 33186

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	☒ DELETE	1.1 TITLE	SECRETARY	☐ Change ☒ Addition
NAME	ARANGO, ALVARO		1.2 NAME	Juan C. Arango	
STREET ADDRESS	12251 S.W. 96TH ST.		1.3 STREET ADDRESS	12251 SW 96th Street	
CITY-ST-ZIP	MIAMI FL 33186		1.4 CITY-ST-ZIP	Miami, FL 33186	
TITLE	PD	☐ DELETE	2.1 TITLE	TREASURER	☐ Change ☒ Addition
NAME	ARANGO, ANA		2.2 NAME	Natalia Arango	
STREET ADDRESS	12251 S.W. 96TH ST.		2.3 STREET ADDRESS	12251 SW 96th Street	
CITY-ST-ZIP	MIAMI FL 33186		2.4 CITY-ST-ZIP	Miami, FL 33186	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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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: Natalia Arango — 5-27-97 — (305) 270.8886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #