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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 18 1997 8:00am

Secretary of State

aulos. I further certify that the logal effect as if made under oath; that it Statutes; and that my name

Secretary of State DIVISION OF CORPORATIONS

1. Corporation	RAGONS, INC. De of Business	Mailing Address 3535 CORAL WAY MIAMI FL 33145-3012 US			
				3. Date Incorporated or Qualified 06/07/1993	3a. Date of Last Report 06/18/1996
2. Principal Place of Business 22 21 26		2a. Mailing Address		4. Fel Number 65-0418014	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desireo	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country	Zip	Country 30	8. This corporation has liability for in	
241	9. Name and Address of Curren	1 Registered Agent		10. Name and Address of New Reg	
SUN N M	99 BISCAYNE BLVD IE 205 IAMI BEACH FL 33180 to the provisions of Sections 607.050; registered agent, or both, in the State im familiar with, and accept the obliga	2 and 607.1508, Florida Stati of Florida, Such change was tions of, Section 607.0505, F	83 84 City	Idress (P.O. Box Number is Not Acceptable orporation submits this statement for the puration's board of directors. I hereby accept	FL 85 Zip Code
SIGNATURE	Signature, typed or printed name of registered ager		OTE: Registered Agent signature re		DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	LAU, CARLOS A	☐ DELETE	11 TITLE		Change Addition
NAME	11111 S.W. 147TH COURT		1.2 NAME		
STREET ADDRESS	MIAMI FL 33196		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	VD VD	DELETE	1.4 C(TY - ST - ZIP		Channe
NAME	MOC, FRANK A JR	First nerest	2.1 TOLE 2.2 NAME		Change Addition
STREET ADDRESS	1760 S.W. 17TH STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33145		2. 4 CITY-S1-ZIP		
TITLE	8	DELETE	3.1 TITLE		Change Addition
NAME	NG, JULIA		3 2 NAME		
STREET ADDRESS	1760 SW 17TH ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		3.4. CITY - ST - 7(P		J
TITLE '		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		ĺ
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		1 65:5==	4.4 CITY-ST-ZiP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME	T	
STREET ADDRESS			5.3 STREET ADDRESS		1
CITY-ST-ZIP TITLE		DELETE .	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition
NAME			62 NAME		Figure Analysis
STREET ADDRESS			6.3 STREET ADDRESS		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida S Information indicated on this annual report or supplemental annual report is true and accurate and that no signature shall have the same I am an officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 107. For appears in Block 12 or Block 13 if changed, or on an attachment will an address.