


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

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**

05-23-2001 91187 024 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>2001</b>		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000041886**

1. Corporation Name

**RAPHAEL, INC.**

Principal Place of Business

Mailing Address

**RAPHAEL, INC.**  
**7902 N.W. 36TH ST, Suite 213**  
**Miami, FL 33012**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**07/01/1994**

4. FEI Number

**65-0416415**

Applied For:

Not Applied:

2. Principal Place of Business

2a. Mailing Address

**21 Suite, Apt. #, etc. Suite 213**

**26 Suite, Apt. #, etc. R**

**22 7902 N.W. 36TH ST**

**27 City & State**

**23 Miami FL**

**28 City & State**

**24 Zip 33012**

**29 Country**

**25**

**30**

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Election Campaign Financing ☐

**\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**Roberto Suarez**  
**2380 S.W. 80th**  
**Miami, FL 33155**

10. Name and Address of New Registered Agent

81 Name	<b>Roberto Suarez</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>2380 S.W. 80th</b>
83	
84 City	<b>Miami</b>
85 Zip Code	<b>FL 33155</b>

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

Signature of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

**4.30.01**

12. OFFICERS AND DIRECTORS

TITLE	<b>(P) Roberto Suarez</b>	<input type="checkbox"/> DELETE
NAME	<b>4030 S.W. 107 ave</b>	
STREET ADDRESS	<b>Miami, FL 33165</b>	
CITY-ST-ZIP	<b>Miami, FL 33165</b>	
TITLE	<b>(P) Ralph Miniet</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>7902 N.W. 36TH ST, Suite 213</b>	
STREET ADDRESS	<b>Miami, FL 33012</b>	
CITY-ST-ZIP	<b>Miami, FL 33012</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
62 NAME	
63 STREET ADDRESS	
64 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:

**[Signature]**

**4.30.2001**