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

PROFIT **CORPORATION ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P93000062651 (3)

RAFALEX, INC.

| | _ | | | |
|---|------------|-----------|----------|------|
| M | ailing Add | ress | | |
| 5 | OO NE SPA | ANISH RIV | ER BLVD. | |

FILED Apr 30 1998 8:00am Secretary of State



| Principal Place | of Business | | Mailing A | ddress | | | | p to brind by the raide vietrabilit delite |
|---|-----------------------------|---|------------------|---------------------|-----------|---------------------------|---|---|
| 500 NE SPANISH RIVER BLVD. 205 | | 205 | | | | DO NOT WEDT IN THE OD LOS | | |
| BOCA RATON US | FL 33431 | | BOCA R US | BOCA RATON FL 33431 | | | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified | |
| 08 | | | 03 | 00 | | | 09/03/1993 | |
| 2. Principal Pi | ace of Busine | \$S | 2a. Mailin | g Address | | | | 4. FEI Number Applied For |
| 21 | | | 26 | | | | | 65-0488238 Not Applicable |
| Suite, Apt. i | #, etc. | | Suite, 27 | Apt #, etc. | | | | 5. Certificate of Status Desired \$8.75 Additional Fee Required |
| City & State | · | | City & 28 | State | | | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees |
| Zip | | Country | Zφ | | Co | untry | | 8. This corporation owes or has paid the current year Intangible |
| 24 | 2 | | 29 | | 30 | , | | Personal Property Tax due June 30. Yes X No |
| | | nd Address of Curren | t Registered / | Agent | | ļ_, | ···· | 10. Name and Address of New Registered Agent |
| | rak, alex t | | | | | 81 | Name | |
| 4601 S HERIDAN ST STE 20 6 | | | | | 82 | Street Ad | Address (P.O. Box Number is Not Acceptable) | |
| | . 200 LL Y WOOD F | L 33021 | | | | 83 | | |
| | | | | | | 84 | City | 85 Zip Code |
| d Barrana d | 4 | 0.70 | 0 1 000 410 | - FC-14-0-C | | | | FL 1 |
| office or re | egistered ager | ns of Sections 607.050; nt, or both lin the State , and accept the obliga | of Florida, Suc | h change was | authorizo | d by | the corpo | orporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered |
| SIGNATURE | | | | ···· | | | | |
| | Signature, typed or | printed havin of registered age | | ble (NO) | | d Age | nt signature re | oquired when reinstating) DATE |
| TITLE | PVD | OFFICERS AND | DIRECTORS | DELETE | 13. | (T) E | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| 1 | BARAK, A | I EY T | | L) beceive | 1.1 T | | - 1 | Civilia Civilia |
| NAME | | RIDAN ST #206 | | | 1.2 N | | | |
| STREET ADDRESS | | OD FL 33021 | | | | | ADDRESS | |
| CITY-ST-ZIP | ST | 100 FL 33021 | | DELETE | | ITY-S | T-ZIP | ☐ Change ☐ Addition |
| TITLE | JAKUBOV | / DAEAEI | | C) DECENE | 2.1 T | | 1 | C Change C Woolfight |
| NAME | | , NAFAEL 16TH PLACE | DI 40E | | | | | |
| STREET ADDRESS | MIAMI FL | IOIN FLACE | | | - 1 | | ADDRESS | |
| CITY-ST-ZIP | MIMMI FL | | | DELETE | | OTY-S | IT-ZIP | ☐ Change ☐ Addition |
| TITLE | | | | U DELETE | 31T | | | L Change L Addition |
| NAME | | | | | 3.2 N | | | |
| STREET ADDRESS | | | | | | | ADDRESS | |
| CITY-ST-ZIP | | | | DELETE | _ | CITY-S | 11-ZIP | ☐ Change ☐ Addition |
| TITLE | | | | - DELLE | 4.1 T | | | C Change C Addition |
| NAME | | | | | - 1 | AME | | |
| STREET ADDRESS | | | | | - 1 | | ADDRESS | |
| CHTY-ST-ZIP | | | | DELETE | | ITY-S | 1-ZIP | Change Addition |
| TITLE | | | | - pereit | 5.1 T | | 1 | C change C Adoltion |
| NAME PERFET APPRICA | | | | | 5.2 N | | | |
| STREET ADDRESS | | | | | | | ADDRESS | |
| CITY-ST-ZIP | - | | | DELETE | | 11Y - S' | I - ZIP | Change Addition |
| TITLE | | | | | 6.1 T | | | T prignife T worllion |
| NAME | | | | | 6.2 N | | I DODGGG | |
| STREET ADDRESS | | | | | | | ADDRESS | 1 |
| CITY_ST_7/P | | | | | ■ 6.4 C | ITY_C | 1.70 I | |

14. Thereby 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 proporation on the procure 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 in that ged, or on an attachment with an address.

SIGNATURE:

X (205)652-8983