FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED
FILED

95 MAY 11 PM 8:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000081136 (2)**

1. Corporate Name
RAL ACCOUNTING SERVICES, INC.

Principal Place of Business
2439 N.W. 7TH ST.
SUITE 1
MIAMI FL 33125

Mailing Address
2439 N.W. 7TH ST.
SUITE 1
MIAMI FL 33125

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/24/1993**
3a. Date of Last Report: **08/09/1994**

2. Principal Place of Business
21
Suite, Apt. #
22
City & State
23

2a. Mailing Address
26
Suite, Apt. #
27
City & State
28

4. FEI Number: **65-0451428** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Expenses Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

24 25 29 30

8. This corporation has liability for intangible tax under S. 199.023, Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ESCOBAR, ARMANDO D
2439 N.W. 7TH ST.
SUITE 1
MIAMI FL 33125

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.1501, 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 duties and responsibilities of registered agent.

SIGNATURE: [signature] 5/5/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS
	PD	☐ Change ☐ Addition
NAME	ESCOBAR, ARMANDO D	
STREET ADDRESS	% 2439 N.W.7TH ST. #1	
CITY-STATE-ZIP	MIAMI FL 33125	
	VD	☐ Change ☐ Addition
NAME	LORNZO, JOSE	
STREET ADDRESS	% 2439 N.W.7TH ST. #1	
CITY-STATE-ZIP	MIAMI FL 33125	
	STD	☐ Change ☐ Addition
NAME	MUNOZ, RAUL	
STREET ADDRESS	% 2439 N.W.7TH ST. #1	
CITY-STATE-ZIP	MIAMI FL 33125	
		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

14. I hereby certify that the information supplied with this filing is accurate and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 with an address.

SIGNATURE: [signature] Vice President 5/5/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

0120712 CP