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 AND FILED
95 MAY -1 PM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000001151 (7)

1. Corporation Name
RAYMONDO INVESTMENTS, INC.

Principal Place of Business	Mailing Address
5300 FIRST UNION FINANCIAL CENTER 200 SOUTH BISCAYNE BLVD. MIAMI FL 33131-2339	5300 FIRST UNION FINANCIAL CENTER 200 SOUTH BISCAYNE BLVD. MIAMI FL 33131-2339

3. Date Incorporated or Qualified: 01/06/1994
3a. Date of Last Report: N/A

2. Principal Place of Business	2a. Mailing Address
21 900 MIAMI CENTER	26 900 MIAMI CENTER
Suite, Apt. #, etc. 22 201 SOUTH BISCAYNE BLVD	Suite, Apt. #, etc. 27 201 SOUTH BISCAYNE BLVD
City & State 23 MIAMI, FL.	City & State 28 MIAMI, FL.
Zip 24 33131 Country 25	Zip 29 33131 Country 30

4. FEI Number: 65-0460475 ☐ 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

9. Name and Address of Current Registered Agent

SANCHEZ-ROIG, REBECA
4300 FIRST UNION FINANCIAL CENTER
200 SOUTH BISCAYNE BLVD.
MIAMI FL 33131-2339

10. Name and Address of New Registered Agent

81 Name: REBECA SANCHEZ-ROIG
82 Street Address (P.O. Box Number is Not Acceptable): 900 MIAMI CENTER
83 201 SOUTH BISCAYNE BLVD
84 City: MIAMI FL 85 Zip Code: 33131

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] REBECA SANCHEZ-ROIG 12 JANUARY 1995
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~D~~	1.1 TITLE	PRES, D, C ☒ Change ☐ Addition
NAME	RAYMONDO, ELIZABETH Y	1.2 NAME	ELIZABETH Y. RAYMONDO
STREET ADDRESS	1717 N. BAYSHORE DRIVE STE. 1745	1.3 STREET ADDRESS	366 S.W. 18th ROAD
CITY ST ZIP	MIAMI FL 33132	1.4 CITY ST ZIP	MIAMI, FL 33129
TITLE	~~D~~	2.1 TITLE	VP, D, S ☒ Change ☐ Addition
NAME	~~LUZARRAGA, CARLOS~~	2.2 NAME	CONSTANCIA VALDEZ
STREET ADDRESS	~~1717 N. BAYSHORE DRIVE STE. 1745~~	2.3 STREET ADDRESS	366 S.W. 18th ROAD
CITY ST ZIP	~~MIAMI FL 33132~~	2.4 CITY ST ZIP	MIAMI, FL. 33129
TITLE	~~D~~	3.1 TITLE	☐ Change ☐ Addition
NAME	~~VALDEZ, CONSTANCIA~~	3.2 NAME	
STREET ADDRESS	~~1717 N. BAYSHORE DRIVE STE. 1745~~	3.3 STREET ADDRESS	
CITY ST ZIP	~~MIAMI FL 33132~~	3.4 CITY ST ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST ZIP	

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: C. Valdez 4/21/95 (305) 856-9100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #
Constancia VALDEZ, Vice President

0120048 CP