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 PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

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P94000016713 (7) **DOCUMENT #** R.A.B., INC. Principal Place of Business Mailing Address #4 65-062 4440 780 N.E. 69TH ST #1105 780 N.E. 69TH ST #1106 MIAMI FL 33138 MIAMI FL 33138 3. Date Incorporated or Qualified 03/02/1994 11/16/1995 2. Principal Place of Business 2a. Mailing Address 4. FEL Number Applied For APPLIED FOR 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zio Country Zio Country 8. This corporation has liability for intangible tax under s 199.032, 24 25 29 30 Florida Statutes ☐ Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SILVER, THEODORE TEA ESQ. 82 Street Address (P.O. Box Number is Not Acceptable) 9445 BIED RD 2ND FLOOR 83 **MIAMI FL 33165** 84 City 85 Zip Code Fl 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's gnature required when reinstating) CR2E034 (12/95) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1 1 TITLE ☐ Change ☐ Addition BALAREZO, ROXANA NAME 1.2 NAME 780 NE 69TH ST #1105 STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33138 CITY-ST-ZIP 1.4 Crty - St - ZiP TITLE [] DELETE 2 1 THILE Change Addition BAEZA, JOHN W NAME 22 NAME 780 N.E. 69TH ST., APT. 1105 STREET ADDRESS 2.3 STREET ADDRESS **MIAMI FL 33154** CITY-ST-ZIP 24 CITY-ST-ZIP TITLE DELETE 3 1 TITLE . . Change Addition NAME STREET ADDRESS 3.3 STREET ADDRESS CHTY-ST-ZIP 3 4 CITY - ST - ZIP TITLE DELETE 4. 1 TITLE Change ☐ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE TT DELETE 5 1 THE Addition NAME 5.2 NAME -05/25/96--01004--004 STREET ADDRESS 5.3 STREET ADDRESS ***200.00 CITY-ST-ZIF 5.4 CITY - ST - ZIP TITLE DELETE 6 1 THILE [] Change Add tion NAME 62 NAME STREET ADDRESS 63 STREET ADDRESS CITY-ST-ZIP 64 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 cupplemental 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 enipowered to execute this report as required by Chapter 907, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on a positionent of the corporation of the corporat

SIGNING OFFICER OR DIRECTOR