## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



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

1996

P94000053670 (3)

DOCUMENT #

RANBEGI II, CORPORATION

Principal Place of Business Mailing Address					***************************************		** ····	** ***** **** ****
333 S.W. 30TH ROAD MIAMI FL 33129		P.O. BOX 669 FAJARDO. PUERTO RICO 00738-0669						
					3. Date Incorporated or Qualified 07/20/1994	3a. Date o	of Last Re 2/02/19	
2. Principal Pla	ice of Business	2a. Mailing Address			4. FEI Number			Applied For
26					65-0507955		1	Not Applicable
Suite, Apt. #, etc.  Suite, Apt. #, etc.  27  City & State  28					5. Certificate of Status Desired See Required Fee Required			
					Election Campaign Financing     Trust Fund Contribution	9 \$5.00 May Be Added to Fees		
Zip	Country 25	Zip <b>29</b>	Country 30	/	8. This corporation has liability for in Florida Statutes  Yes	intangible tax	under s	199.032,
') .	and the second s	Current Registered Agent			10. Name and Address of New R	egistered A	gent	
			81	Name				
RAMOS, JORGE H PA 2250 S.W. 3RD AVE. 5TH FLOOR			82	Street A	Address (P.O. Box Number is Not Acceptable)			
			83					
MIAMI FL 33129			84	City		FI	85 Zij	p Code
SIGNATURE .	Squittia, typed a posted name of regis	tered agent and trient agent able	(tvr)ΤΕ Registered Αμ	nd signature rec	pired when reinstating ADDITIONS/CHANGES TO OFF	DATE ICERS AND	DIRECTO	ORS IN 12
TITLE	I PD	DELETE	1 1 TITLE	I			Change	☐ Addition
NAME.	JURADO, JUAN A	_	1.2 NAME					
STREET ADDRESS	P.O. BOX 669		1.3 STREE	T ADDRESS				
City St ZiP	FAJARDO, PUERTO	RICO 00738-0669	1.4 CHY-	ST-ZIF				
*111.7	SD	DELETE	2 1 11/11				] Change	Addition
NAM.	JURADO, RAQUEL B		2.2 NAME					
STREET ADDRESS	P.O. BOX 669		2.3 STHE	T ADDRESS				
City St. Zie	FAJARDO, PUERTO		2 4 CITY	ST-ZIP				
Tritt		[] DELETE	3 1 11111	:			] Change	Addition
NAMI			3.2 NAM					
STREET ADDRESS			33 SIR	EL ADDRESS				
Stilly St-20			3.4 CITY				7 / / / / / / / / / / / / / / / / / / /	C) Addition
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VeAc			4.2 NAM					
STREET ADDRESS				ET ADDRESS				
CITY ST-ZIP			4 4 C(TY				Change	☐ Addition
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NAM			5 2 NAM					
STREET ADDRESS			5.3 STHE	ET ADDRESS				

5.4 CHY+ST-7IP

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

6 1 TITLE

6.2 NAME

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 13 if changed, or on an attachment with an address

SIGNATURE:

CITY ST ZIP

STREET ACCORDS

TILLE

NAMe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

Daytime Phone #

Change

Addition