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TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

95 MAY -1 AM 2:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000064592 (6)

1. Corporate Name
RAPHIA, INC.

Principal Place of Business
4702 S.W. 74TH AVE.
MIAMI FL 33155

Mailing Address
4702 S.W. 74TH AVE.
MIAMI FL 33155

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/01/1994
3a. Date of Last Report

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City, State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City, State
28
Zip
29
Country
30

4. FEI Number: 65-0533827
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. The corporation has taken or intends to take S corporation status under Section 1362 of the Internal Revenue Code. Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
ATRIUM REGISTERED AGENTS, INC.
1500 SAN REMO AVENUE
SUITE 129
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City: FL
B5 Zip Code

11. Pursuant to the provisions of Section 607.0501(3) and 607.0505, Florida Statutes, the above named corporation submits the 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, and that the appointment of registered agent has accepted the designation of registered agent under Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	President
NAME	Alberto Candor
STREET ADDRESS	4702 SW 74 Ave.
CITY, ST, ZIP	Miami Fla 33155

13. ADDITIONS, CHANGES TO OFFICERS AND/OR DIRECTORS

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing, or voluntary filing of report and/or payment of filing fees, does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further certify that the information contained in the 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 a director or officer of the corporation or the receiver or trustee empowered to execute the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 hereof or is an attachment with an asterisk.

SIGNATURE: [signature] Alberto Candor, President, April 17, 1995 305 666 6603

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

0164103 CP