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CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR -4 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000072341 (8)

1. Corporation Name

RAYVEL INC.

Principal Place of Business

2087 NW 141ST ST
OPA LOCKA FL 33054

Mailing Address

2087 NW 141ST ST
OPA LOCKA FL 33054

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/03/1994

3a. Date of Last Report

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

65-0529386

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

VELAZQUEZ, CARLOS A
2087 NW 141ST ST
OPA LOCKA FL 33054

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 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, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

~~TITLE~~ ~~NAME~~ ~~STREET ADDRESS~~ ~~CITY - ST - ZIP~~
~~PRAY~~ ~~MOND, W~~ ~~14888 SW 40TH CT~~ ~~MIRAMAR FL 33027~~
Correction →

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VELAZQUEZ, CARLOS A
7110 SW 13TH TER
MIAMI FL 33144

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

P/S
RAYMOND, Ian

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

V/T

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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 110.07(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 907, Florida Statutes; and that my name appears in Block 12 or Block 13 of this filing, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

CARLOS VELAZQUEZ

Date

Exempt From