FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED May 04 1998 8:00am **PROFIT** FLORIDA DEPARTME 1 OF STATE CORPORATION Sandra B. Md tham Secretary of State **ANNUAL REPORT** Secretary of DIVISION OF CORP RATIONS 1998 DOCUMENT # 1. Corporation Name P94000072341 (8) RAYVEL INC. Principal Place of Business Mailing Address 2005 NW 141ST STREET 2035 NW 141ST STREET OPA LOCKA FL 33054-4136 OPA LOCKA FL 33054-4136 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/03/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0529386 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Zip This corporation owes or has paid the current year Intangible 29 Personal Property Tax due June 30: 24 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name VELAZQUEZ, CARLOS A 2035 NW 141ST STREET 82 Street Address (P.O. Box Number is Not Acceptable) OPA LOCKA FL 33054-4136 83 84 City Zip Code 85 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 Statules. SIGNATURE (NOTE Registered Agent signature required when reinstating) Signature, type I or prietor nance of registerest agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CR2E034 (10/97 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 11116 RAYMOND, IAN 1.2 NAME NAME **15310 SW 51ST STREET** 1.3 STHEET ADDRESS STREET ADDRESS MIRAMAR FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 2.1 1ITLE TITLE VELAZQUEZ/ CARLOS A 2.2 NAME NAME 7110 SW 13TH TER STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL 2. 4 CITY-S1-ZIP CITY-ST-ZIP Change Addition OFFETE 3.1 TITLE TITLE 3 2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. C(11Y - ST- Z)P DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST- ZIP DELETE Change Addition 51 THEF TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS

64 CITY - ST - ZIP

dress

ion supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information is supplicing that the same legal effect as if made under oath; that I am an ion or the row supplicing powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

CITY-ST-ZIP

14. I hereby certify that the infindicated on this annual r officer or director of the o