FILE NOW: FILING FEE AFTER MAY 1 IS $550.00 AMENDED

PROFIT CORPORATION ANNUAL REPORT 1997

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

FILED
97 SEP 30 PM 3:39
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P94000076924

1. Corporation Name
RAFE-INVESTMENTS, INC.

Principal Place of Business / Mailing Address
13000 NE 12 AVE
NORTH, MIAMI. FL 33161

3. Date Incorporated or Qualified: 10-17-1994	3a. Date of Last Report: 1997
4. FEI Number: 65-0531517	☐ 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	

2. Principal Place of Business: 21 13000 NE 12 AVE	2a. Mailing Address: 26 SAME
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State: 23 North, Miami. FL	City & State: 28 SAME
Zip: 24 33161 / Country: 25	Zip: 29 SAME / Country: 30

9. Name and Address of Current Registered Agent
JORGE DeLAFE
13000 NE 12 AVE
NORTH, MIAMI, FL 33161

10. Name and Address of New Registered Agent
81 Name: DEBORAH. A. RAMIREZ
82 Street Address (P.O. Box Number is Not Acceptable): 13000 NE 12 AVE
83
84 City: NORTH, MIAMI, FL FL 85 Zip Code: 33161

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] New Register Agent [signature] 9-9-97
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT ☐ DELETE	1.1 TITLE	PRES, SEC, TREA. ☑ Change ☐ Addition
NAME	GEORGE R-DeLAFE	1.2 NAME	DEBORAH, A. RAMIREZ
STREET ADDRESS	Please DeLete him	1.3 STREET ADDRESS	13000 NE, 12 AVE
CITY-ST-ZIP		1.4 CITY-ST-ZIP	NORTH, MIAMI, FL 33161
TITLE	16590. NW 5CT. ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	PEMBROKE PINES	2.2 NAME	
STREET ADDRESS	FLA 33028	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	200002310442--3
CITY-ST-ZIP		3.4 CITY-ST-ZIP	-10/02/97--01109--010
TITLE	☐ DELETE	4.1 TITLE	****61.25 ☐ Change ****61.25 ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do hereby certify that the information 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] President 9-9-97 305 8280001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #