FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 MAY -1 PM 3:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000082550 (2)**

1. Corporate Name
RAYTEX UNIFORMS, CORPORATION

Principal Place of Business	Mailing Address
9809 NW 80TH AVE. BAY 9H MIAMI FL 33016	9809 NW 80TH AVE. BAY 9H MIAMI FL 33016

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/07/1994
3a. Date of Last Report:

2. Principal Place of Business (21): NEW ADDRESS 701 E. Okeechobee Rd
2a. Mailing Address (26): SAME AS #2
4. FEI Number: 65-0532667 ☐ Applied For ☐ Not Applicable
Suite, Apt. # etc. (22)
Suite, Apt. # etc. (27)
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State (23): Hialeah, FL.
City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip (24): 33010
Country (25): USA
Zip (29)
Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RICARDO, RAINULFO 9809 NW 80TH AVE, BAY 9H MIAMI FL 33016	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 Section 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	51 TITLE	☐ Change ☐ Addition
NAME	RICARDO, RAINULFO	52 NAME	
STREET ADDRESS	7090 NW 179TH ST, 112	53 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33015	54 CITY-ST-ZIP	
TITLE	V	55 TITLE	☐ Change ☐ Addition
NAME	MILLAN, ANA	56 NAME	
STREET ADDRESS	7090 NW 179TH ST, 112	57 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33015	58 CITY-ST-ZIP	
TITLE	T	59 TITLE	☐ Change ☐ Addition
NAME	RICARDO, RAIMUNDO	60 NAME	
STREET ADDRESS	18931 NE 20TH AVE	61 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BEACH FL 33179	62 CITY-ST-ZIP	
TITLE	S	63 TITLE	☐ Change ☐ Addition
NAME	RICARDO, MARITZA	64 NAME	
STREET ADDRESS	18931 NE 20TH AVE	65 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BEACH FL 33179	66 CITY-ST-ZIP	
TITLE		67 TITLE	☐ Change ☐ Addition
NAME		68 NAME	
STREET ADDRESS		69 STREET ADDRESS	
CITY-ST-ZIP		70 CITY-ST-ZIP	
TITLE		71 TITLE	☐ Change ☐ Addition
NAME		72 NAME	
STREET ADDRESS		73 STREET ADDRESS	
CITY-ST-ZIP		74 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 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: X R. Ricardo Raimundo Ricardo 4/25/95 305-880-6603
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0422795 FP