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

FILED May 07 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # P95000002130 (9) ISMAEL RAYO, INC. Principal Place of Business Mailing Address 11423 S.W. 1ST STREET 11423 S.W. 1ST STREET MIAMI FL 33174 MIAMI FL 33174 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/06/1995 4. FEI Number Applied For 65-0551517 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6, Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. □ No 10. Name and Address of New Registered Agent Nam PESTANO, MARITZA 7401 N.W. 11TH COURT 62 **PLANTATION FL 33313** 11. Pursuant to the provisions of Section office or registered author, or both, in agent. I am lamiliar Joh, and accept 1508. Florida Statutes, the above-named corporate than e was authorized by the corporate ection 197.0505, Florida Statutes. ept the obligation SIGNATURE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE NAME RAYO ISMAEL, 1.2 NAME 11423 S.W. 1ST STREET STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33174** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3 1 TITLE Change ___ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition Change TITLE 5.1 TITLE NAME 5.2 NAME 5 3 STREET ADDRESS STREET ADDRESS

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 14. Thereby certify that the information supplied with this filling 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 supplients had arrived 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 corporaty or the receiver or histee empany and to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

Change

Addition

6.1 TITLE

6.2 NAME

DELETE

Cffy-St-ZIP TITLE

STREET ADDRESS

SIGNATURE

Block 12 or Block 13 if change

CITY-ST-ZIP