| DOCUMENT # P96000018959 1. Entity Name Ravine RX, Inc. | | | FILED OT FEB -7 PM 3: 32 SECRETARY OF STATE TALLAHASSEE, FLORIDA | | |
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| 7400 N. Kenda | all Dr. ste | 2:100 | | | |
| Uiani, FL 3 | 3156 | | | | |
| . Principal Place of Business | 3. Mailing Address | <u> </u> | | | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | DO NOT WRITE IN THIS SPACE | | |
| City & State | City & State | | 4. FEI Number Applied For Not Applied For Not Applicable | | |
| Zip Country | Zip | Country | 5. Certificate of Status Desired | \$8.75 Ad | ditional |
| 6. Name and Address of Curren Liquel F. Huer- 7400 N. Kend | | Name | 7. Name and Address of New Re | | |
| Miami, FL 33 | | City | | FL Zip Coo | ie |
| The above named entity submits this statement i | for the purpose of changing its | s registered office or regi | stered agent, or both, in the State of Flor | ida. | |
| IGNATURE Signature, typed or printed name of registered agen | | s registered office or regis | | ida. | |
| GNATURE AL WELLES | at and title if applicable. (NOT | | 10. Election Campaign Fina | DATE | 00 May Be d to Fees |
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RAVINE RX, INC. DOC.#P96000018959

TO: DIVISION OF CORPORATION P.O. BOX 6327 TALLAHASSEE, FL 32314

ATTN: SEAN

ENCLOSED YOU WILL FIND THE UNIFORM BUSINESS REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED ANY CORRESPONDENCE FROM YOUR OFFICE REGARDING THE UNIFORM BUSINESS REPORT FORM.

PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS. THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY

MUGUEL F. HUERTAS

PRESIDENT