2000 UNIFORM BUSINESS REPORT (UBR) FILED May 08, 2000 8:00 am Secretary of State DOCUMENT # P96000019490 RAY'S GUEST HOUSE, INC. 05-08-2000 90005 011 ***150.00 Principal Place of Business Mailing Address

Sute, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Cit	417 NE 27TH ST		411 NE 25 ST MIAMI FL 33137-4718		
City & State Country Zip Country Zip Country S. Certificate of Status Desired St. 75 Against Programmer and Address of Current Registered Agent 7. Name and Address of New Registered Agent	2. Principal Place of Business		3. Mailing Address		
Zip Country Zip Country S. Certificate of Status Desired S. S. S. S. Additional Foo Regulated G. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Foo Resourced Foo Resource	Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
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6. Name and Address of Current Registered Agent RODRIGUEZ, JOSE R 275 FONTAINEBLEAU BLVD, SUITE 135 MAMI FL 33172 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE 9. This corporation is eligible to satisfy its Inlangible Last filing requirement and elects to do so. Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE RODRIGUEZ, FELIX R TITLE ROBRIGUEZ, FELIX R TITLE ROBRIGUEZ, FELIX R TITLE ROBRIGUEZ, FELIX R TITLE ROBRIGUES, FELIX R TIT	Zip	Country			5 Cortificate of Status Desired \$8.75 Additional
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### Addition ##				Name	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed to correct name of registered agent and stee if applicable (NOTE Registered Agent signature reguland when re-instanting) DATE	275	FONTAINEBLEAU BLVD, SUITE 13	5	Street Ad	ddress (P.O. Box Number is Not Acceptable)
R. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE 9. This corporation is eligible to satisfy its Intangible Tax liting requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. OFFICERS AND DIRECTORS 14. NAME RODRIGUEZ, FELLX R 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 15. OFFICERS AND DIRECTORS 16. Election Campaign Financing \$5.00 May Be Added to Fees Added to Fees Addition NAME STREET ADDRESS CITY-S1-ZP 17. Delete 17. TILE NAME STREET ADDRESS CITY-S1-ZP TILE Delete	MIAN	MI FL 33172		City	Zip Code
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Secretarion is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) 10	SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTI	E: Registered Agent signatur	ore required when reinstating) DATE
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13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

Daytime Phone #