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

PROFIT
CORPORATION
ANNUAL REPORT

2. Principal Place of Business

Suite, Apt. #, etc.

City & State



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State

DIVISION OF CORPORATIONS

1997 DOCUMENT # P9600082143 (4)

RAYMAR WORLDWIDE SALES II INC.

Principal Place of Business	Mailing Address
2750 NW 112TH AVE.	2750 NW 112TH AVE.
MIAMI FL 33172	MIAMI FL 33172-1806

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2a. Mailing Address

City & State

Suite, Apt. #, etc.

FILED Apr 29 1997 8:00am Secretary of State



(ip	Country 25	Ζφ 29	30	unity	(Y 8. This corporation has liability for intangible tax under €. 199.032, Florida Statutes
	9. Name and Address of Cu	rrent Registered Agent]	10. Name and Address of New Registered Agent
MARANGES, RAYMOND 2820 BANYAN BLVD. BOCA RATON FL 33432				81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83	
				84	4 City FI 85 Zip Code

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 heroby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

	Signature, typed or printed name of registered agent and title if		E: Registered Agent signature requi	ired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	OFFICERS AND DIRECT	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PST	E DELLIE		[Strange L Nou
NAME	MARANGES, RAYMOND		1.2 NAME	
STREET ADDRESS	2820 BANYAN BLVD.		1.3 STREET ADDRESS	
ATY-ST-ZIP	BOCA RATON FL 33432		1,4 CITY - ST - ZIP	
FITLE		☐ DELETE	2.1 TITLE	Change Add
AME			22 NAME	
TREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2. 4 CHY+S1-ZIP	
ITLE		☐ DELETE	3.1 TITLE	Change Add
IAME			3.2 NAME	
TREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY - ST - ZIP	
TILE		DELETE	4 1 TITLE	☐ Change ☐ Add
IAME			4 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
XTY-ST-ZIP			4.4 CITY - ST - ZIP	
TITLE		☐ DELE1E	5.1 TITLE	Change Add
IAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		DELETE	6.1 YITLE	Change Add
IAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CI3Y - \$1 - ZIP	

I do hereby certify that the information supplied with this thing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this timual of the same legal effect as if made unjoir oath; that tam an officer or director of the control of 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 or might not an attachment with an address.

Raymond Maragas

xh dan

99H-1533