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

PROFIT **CORPORATION** ANNUAL REPORT

1998

VALDES, J.C. 1000 SW 140TH AVE.

SIGNATURE:

MIAMI FL 33184



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P96000089857 (2)

RYSELL INT CORPORATION

Principal Place of Business Mailing Address 1000 SW 140TH AVE. 1000 SW 140TH AVE. **MIAMI FL 33184** MIAMI FL 33184 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/01/1996 2. Principal Place of Business 2a. Mailing Address 65-0779602 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired City & State City & State 6. Election Campaign Financing 23 28 Trust Fund Contribution Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

FILED Apr 21 1998 8:00am Secretary of State

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

☐ Yes

□ No

Not Applicable

			B4 City		FL 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, a 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 a corporation of the corporation						
SIGNATURE			C. JAMS		4-5-4K	
12.	Signature, typ-1 or planted the steraor given as fitte if as OFFICERS AND DIRECTO	· 	13.	ADDITIONS/CHANGES TO OFFI		RS IN 12
TITLE	DP	DELETE	11 TITLE		☐ Change	Addition
NAME	VALDES, ANGELA		12 NAME			
STREET ADDRESS	8931 SW 20 ST.		1.3 STREET ADDRESS			
CITY - ST - ZIP	MIAMI FL 33165		1.4 CITY-ST-ZIP			
TITLE	DVPS	DELETE	2 1 TITLE		☐ Change	☐ Addition
NAME	REYES, ISMAEL		2.2 NAME			
STREET ADDRESS	8931 S.W. 20 ST.		2 3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33165		2 4 CITY+ST-ZIP			
TITLE		DELETE	3 1 TITLE		☐ Change	☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3 3 STREET ADDRESS			
CITY-ST-ZIP			3 4, CITY-ST-ZIP			
TITLE		DELETE	41 TITLE		☐ Change	Addition
NAME			4 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	51 TITLE		Change	Addition
NAME			5 2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5 4 CiTY+ST-ZIP			
TITLE		DELETE	6.1 THTLE		Change	Addition
NAME			62 NAME			
STREET ADDRESS			6 3 STREET ADDRESS			
CITY+ST-ZIP			6.4 CfTY+ST-ZIP			
14. 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 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 trusto 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 in an attachment with an address.						

81 Name

Street Address (P.O. Box Number is Not Acceptable)