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

RAFAEL YSASI, JR., INC.

PROFIT CORPORATION ANNUAL REPORT 1998 FLORIDA DEPARTMENT OF STATE SANDRA B. MORTHAM Secretary of State Division of Corporations FLORIDA DEPARTMENT OF STATE SANDRA B. MORTHAM Secretary of State Division of Corporations Feb 05 1998 8:00am Secretary of State Secretary of State

Principal Place of Business Mailing Address 67 W ARCH DRIVE 67 W ARCH DRIVE LAKE WORTH FL 33467 LAKE WORTH FL 33467 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/23/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable 65-0715627 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 YSASI, RAFAEL J R 67 W ARCH DRIVE Street Address (P.O. Box Number is Not Acceptable) 82 LAKE WORTH FL 33467 83 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 hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Stanature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature regulred when reinstating) CR2E034 (10/97) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change DELETE TITLE 1.1 TITLE NAME YSASI, RAFAEL JR 1.2 NAME STREET ADDRESS 67 W ARCH DRIVE 1.3 STREET ADDRESS LAKE WORTH FL 33467 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition TITLE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE ☐ Addition Change TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP

6.4 CITY-ST-ZIP

14. I hereby certify that the information sloppled with this fiting 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 supplyments annual report is true and accustic and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporations are required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or a constant with the same legal effect as if made under oath; that I am an officer or director of the corporations are required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or a constant with the same legal effect as if made under oath; that I am an officer or director of the corporation and the same legal effect as if made under oath; that I am an officer or director of the corporation and the same legal effect as if made under oath; that I am an officer or director of the corporation and the same legal effect as if made under oath; that I am an officer or director of the corporation and the same legal effect as if made under oath; that I am an officer or director of the corporation and the same legal effect as if made under oath; that I am an officer or director of the corporation and the same legal effect as if the same legal effect as if made under oath; that I am an officer or director of the corporation and the same legal effect as if the s

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6.3 STREET ADDRESS

SIGNATURE:

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NAME

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CITY-ST-ZIP

1/26/98 561-357-8698 Date Carlino Phone # 0000

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