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

Jun 16 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham \* ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1**9**98 · DOCUMENT # P97000032568 (2) R. T. Y. EXPORT IMPORT, INC. Principal Place of Business Mailing Address 34 GABLES BLVD 34 GABLES BLVD FT LAUDERDALE FL 33326 FT LAUDERDALE FL 33326 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/10/1997 2. Principal Place of Business 2a. Mailing Address 4, FEI Number Applied For 21 Not Applicable Suite. Apt. #. etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent SEPULVEDA, JUAN C 34 GABLES BLVD Street Address (P.O. Box Number is Not Acceptable) 82 FT LAUDERDALE FL 33326 83 84 City 85 Zip Code F۱ 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. Thereby accept the appointment as registered agent, t am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. (NOTE\_flegistered Agent signature required when rainstating) Signature, typical or protectioning of tegesterist a post and from it applicable CR2E034 (10/97 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addilion 11 TITLE TITLE SEPULVEDA, JUAN C NAME 1.2 NAME **34 GABLES BLVD** 1.3 STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL 33326 1.4 CHTY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TIFLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2 4 CITY-S1-ZIP Addition DELETE Change TITLE 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-7IF 3.4 CITY-ST-ZIP DELETE Addition 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIF 44 CITY-ST-ZIP DELETE Change Addition 5.1 THLE TITLE NAME 5.2 NAME

64 CITY-S1-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 trustee empowered to execute this report as required by Chapter 607, Florida Statutos; and that my name appears in Block 13 if changed, or one an attachment with an address

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

TITLE

NAME

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DELETE

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<u>4000025625:</u>

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