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

PROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State-DIVISION OF CORPORATIONS

## DOCUMENT # P97000057008

1. Corporation Name

RAG & ASSOCIATES, INC.

## Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90109 002 \*\*\*150.00



	·					
Principal Plac	e of Business	Mailing Address				
6065 N.W. 186TH ST. #112 6065 N.W. 186TH ST. #112						
HIALEAH FL 33015 HIALEAH FL 33015				DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualifed		
				06/27/1997		
2. Principal P	Place of Business	2a. Mailing Address		4, FEI Number		plied For
21	31 Coval Blud	26 P.O. BOX	170472	65-0766253		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A	<b>I</b>
City & State  City & State  City & State  23 Myama F			-L	6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	- 1
Zip	Country	Zip	Country	8. This corporation owes the current year In	tangible	
24 22/	773 E5 USA	29 73017 30	USA	Personal Property Tax.	Yes	□No _
	9. Name and Address of Current	Registered Agent	,	10. Name and Address of New Registered	Agent	
	THE PETRON		81 _Name		<del></del>	
	HRIE, FITZROY		82 Street Addr	ress (P.O. Box Number is Not Acceptable)		
	5 N.W. 186TH ST. #112		OI SHOEL ABOI	Cos (1.0. Dox Hambol to Not Accordable)		
HIALEAH FL 33015			83			
			84 City	FL	85 Zip (	Code
11. Pursuant	to the provisions of Sections 607,0502	and 607.1508, Florida Statutes,	the above-named corp	poration submits this statement for the purpose of	changing its	registered
office or r	registered agent or both in the State o	of Florida, Such change was authorious of Section 607 0505. Florida	orized by the corporation	poration submits this statement for the purpose of on's board of directors. I hereby accept the appo	intment as re	gistered
	and accept the obligation	013 01, 0001011 007.0000, 1 101.00	Claidico.			}
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Reg	istered Agent signature require	od when reinstating) DATE		<del></del>
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTO	RS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change	☐ Addition
NAME	GUTHRIE, FITZROY	1	1.2 NAME			-
STREET ADDRESS	6065 N.W. 186TH ST. #112		1.3 STREET ADDRESS			
CITY-ST-ZIP	HIALEAH FL 33015		1.4 CITY-ST-ZIP			
TITLE		☐ DELETE	2.1 TITLE			
NAME	1				☐ Change	☐ Addition }
STREET ADDRESS			2.2 NAME		☐ Change	☐ Addition
CITY-ST-ZIP	1		2.2 NAME 2.3 STREET ADDRESS		☐ Change	☐ Addition
TITLE					☐ Change	☐ Addition
		☐ DELETE	2.3 STREET ADDRESS	-	☐ Change	☐ Addition
NAME		☐ DELETE	2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP			
NAME		☐ DELETE	2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP 3.1 TITLE			
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NAME STREET ADDRESS .CITY-ST-ZIP		☐ DELETE	2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME			
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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 truefee 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, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99

954-962-7485

CR2E034 (11/98