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

FILED Jun 04 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State+ DIVISION OF CORPORATIONS 1998 P97000076197 (7) DOCUMENT # RALPH INTERNATIONAL, CORP. Principal Place of Business Mailing Address 1001 W 51 PL 1001 W 51 PL. HIALEAH FL 33012 HIALEAH FL 33012 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/03/1997 2. Principal Place of Business 2a. Mailing Address 26 12885 4444 Applied For 12885 (EIN): 59351235 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible HNEIIAS [29] Yes Personal Property Tax due June 30. ☐ No 10. Name and Address of New Registered Agent VAZQUEZ, RAFAEL VAZQUET 1001 W 51 PL. 82 HIALEAH FL 33012 83 84 11. Pursuant to the provis io7,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered obligations of, Section 607.05(5, Florida Systutes) office or registered agent. I am lamiliar resident SIGNATURE 12, CERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change TITLE 11 TiTLE VAZQUEZ, RAFAEL NAME 1.2 NAME 1001 W 51 PL. STREET ADDRESS 1.3 STREET ADDRESS HIALEAH FL 33012 CITY-ST-7IP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE DVS RINCON, GINA ALEXANDRA NAME 2.2 NAME 1001 W 51 PL. STREET ADDRESS 2.3 STREET ADDRESS EARWATER FL93762 HIALEAH FL 33012 2. 4 CITY- ST-ZIP CITY-ST-7IP DELETE Change TITLE 3 1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-7IP 3.4. CITY - ST - ZIP TITLE DELETE 4.1 THILE Addition NAME 4. 2 NAME STREET ADDRESS 43 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP

DELETE

6.1 HTLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - S1 - ZIP

14. Thereby 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 opport 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 of the regional or frustree empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

TITLE

NAME

STREET ADDRESS

Block 12 or Block 13 if changed, o

CITY-ST-ZIP

Change

000002550280

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***150.00

Addition