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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

May 01 1998 8:00am

Secretary of State

205-814-6069

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000076826 (1)

RAYADO	O CORP.				
Principal Plac	e of Business	Mailing Address		– į	0.0124   100.46   01.161   101.60   1.01.00   1.1.1   100.4
12300 SW 199 AVE 12300 SW 199 AVE					
MIAMI FL 33196 MIAMI FL 33196				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	IN THIS SPACE
				09/05/1997	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0779130	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
2227				5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid	
24	25 9. Name and Address of Curren		00	Personal Property Tax due June 3  10. Name and Address of New Reg	
Pti Nama O					
AMERILANTICA CHARTERED					
343 ALMERIA AVENUE			82 Street Addre	ess (P.O. Box Number is Not Acceptable 3 00 という タタック	θ)
CORAL GABLES FL 33134			83	3 00 000 177 408	
			84 City	iAmi	FL 33/96
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 RANT I MOVA Signature, typed or printed name of registered against any little if applicable (NOTE Registered Agains signature required when reinstating)  DATE					
12.	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFICE	FRS AND DIRECTORS IN 12
TITLE	DP OF THE PARTY OF	DELETE	1,1 TITLE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Change Addition
NAME	MOYA, RAUL }		1.2 NAME		
STREET ADDRESS	12300 SW 199 AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33196		1.4 CITY-SY-ZIP		
TITLE	DST	☐ DELETE	2.1 TITLE		Change Addition
NAME	MOYA, GABRIELA		2.2 NAME		
STREET ADDRESS	12300 SW 199 AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	MAMI FL 33196		2. 4 CITY - ST - ZIP		
TITLE		☐ DELE <b>TE</b>	3.1 TITLE		Change Addition
NAME			3.2 NAME		Ì
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		- Topiese	4.4 City-St-ZiP		
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addilion
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		DELETÉ	5.4 City-St-ZiP		Change Addition
TITLE		T DEFEIG	6.1 TITLE		CT CHANGE CT MOUNTON
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

6.4 CITY-ST-ZIP 14. 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 logal 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 Statutes; and that my name appears in Block 12 or Block 13 if changed, or one ay attachment with an address.

122/08