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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DE PARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P97000081546 (8)

RALPH'S, INC.

FILED Feb 26 1998 8:00am Secretary of State

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Principal Place of Business Mailing Address						a tonniann tid amire tonn mark, durit mitte Raidt andte tide Arite Arite Arite Mert idet	
35050 SW 212TH AVENUE			35050 SW 212TH AVENUE				
HOMESTEAD FL 33034		HOMESTEAD FL 3303	HOMESTEAD FL 33034			DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified	
		•				09/18/1997	
<u> </u>	lace of Business	2a. Mailing Address				4. FEI Number Applied For	
21		[26]				65 - 0782427 Not Applicable	
Suite, Apt.	#, etc	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional	
22		[27]				ree Hequirea	
City & State		City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Co	untry	<del></del>	This corporation owes or has paid the current year lotaggible	
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	
G	ARZA, REFUGIO			81	Name		
35	5050 SW 212TH AVENUE			82	Street Addr	ress (P.O. Box Number is Not Acceptable)	
H	OMESTEAD FL 33034					,	
				83			
				84	City	FL 85 Zip Code	
11 Purcuant	to the provisions of Sections 607 0502	and 607 1508 Florida State	ules the a	bove	-named corr	poration submits this statement for the purpose of changing its registered	
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	Stignature, typed or printed name of tograle red agent	nend selle et servette påde fra	OTE Decrete	nd And	nt clannt re-rec	irad when reinstating) DATE	
12.	OFFICERS AND		13.	ou Ago	ur eiðuarna tedni.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TOTLE	PTD	☐ DELETE	1.11	ITLE		Change Addition	
NAME	GARZA, REFUGIO	<del></del>		IAME		· ·	
STREET ADDRESS	35050 SW 212TH AVENUE		1.3 S	TREET.	ADDRESS		
CITY-ST-ZIP	HOMESTEAD FL 33034			ITY-SI	i		
TITLE	STD	DELETE	217			Change Addition	
NAME	GARZA, MARGARITA		22 N	IAME			
STREET ADDRESS	35050 SW 212TH AVENUE		23S	TREET	ADDRESS	. N. A.	
CITY - ST - ZIP	HOMESTEAD FL 33034			CITY-S	IT-ZIP	· · · · · · · · · · · · · · · · · · ·	
TITLE		DELETE	31 T			☐ Change ☐ Addition	
NAME			32 N				
STREET ADDRESS			1		ADDRESS		
CITY-SF-ZIP		DELETE		CITY-S	I - ZIP	Change Addition	
TITLE		L Detert	411			L. J Challes L. J Audition	
NAME CYDELT ADDRESS			4 2 1		ADDOLOG		
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP TITLE	T-ZIP 4.4 CI DELETE 51 TII		ITY-SI	1 - ZIP	Chance Addition		
NAME			52N			C. Single C. Roullon	
STREET ADORESS					ADDRESS		
				HEET HY-\$1			
CITY-ST-ZIP TITLE		DELFTE	617		1-211	Change Addition	
NAME			6.2 N				
STREET ADDRESS					ADDRESS		
DINEET ADDRESS				18261. 414-61			

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 legal effect as if made under oath; that I am an officer or director of the corporation of 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 on an attackment with an address.

SIGNATURE:

Decidat

1/13/97 247-247