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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000105888 (6)

RAFER CORPORATION

Principal Place of Business Mailing Address

FILED May 12 1998 8:00am Secretary of State



5891 SW 56TH TERR. MIAMI FL 33143		5891 SW 56TH TERR.		•	
MIMMI PL 33	143	MIAMI FL 33143		DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualified 12/16/1997	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0809713	Not Applicable
Sulte, Apt. #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		5. Commodice of Status District	Fee Required
City & Stat	е	City & State		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 the cu	
24	25 D. Name and Address of Current		30	Personal Property Tax due June 30. 10. Name and Address of New Registered	Yes X No
FERRER, RAFAEL JR. 5891 SW 56TH TERR. 81 Name 82 Street Address (P.O. Box Number in Not Accordable)					
			82 Street Add	fress (P.O. Box Number is Not Acceptable)	
MIAMI FL 33143					
			84 City	FI	85 Zip Code
11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutos, 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 Signature, typed or printed name of registered agent and title if applicable (NOT) Registered Agent signature required when reinstating) DATE					
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TOLE		Change Addition
NAME	Fe rrer, rafael jr.		1.2 NAME		
STREET ADDRESS	11630 NW 57TH CT.		1.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33143		1.4 CITY - ST - ZIP		
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME	•	
STREET ADDRESS			2 3 STREET ADDRESS		
CITY-ST-ZIP			2 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3 1 TITLE		☐ Change ☐ Addition
NAME			3 2 NAME		
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			4.4 City - St - Zip		
TALE		☐ DELETE	5.1 TITLE	-	Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
14. I hereby o	certify that the information supplied wit	It this filing does not qualify for	the exemption stated in	Section 119.07(3)(i), Florida Statutes. I further c	ertify 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 of justee 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 an arral/achmon with an address.					

1/15/00