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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000031781

Principal	Place of Business
4110 S.W.	58TH AVENUE

FILED Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90112 027 ***150.00

	RAFT SERVICES, INC.						
Principal Place o	f Business	Mailing Address					
4110 S.W. 58TH AVENUE							
MIAMI FL 33155				DO NOT WRITE IN T	HIS SPACE		
					3. Date Incorporated or Qualifed		
					04/07/1998		15-4
		2a. Mailing Address			4. FEI Number	\	ed For
2. Principal Place	ce of Business	26			65-0892274	\$8.75 Add	Applicable
Suite, Apt. #,	atc	Suite, Apt. #, etc.			5. Certificate of Status Desired	Fee Requ	
_	, 610.	27				\$5.00 M	av Be
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution	Added to I	
23		28			8. This corporation owes the current year	r Intangible	
Zip	Country	Zip	Country		Personal Property Tax.	☐ Yes □]No
24	25	29 30			10. Name and Address of New Register	red Agent	
	9. Name and Address of Curren	t Registered Agent	81	Name			İ
	AR, GUILLERMO F				ress (P.O. Box Number is Not Acceptable)		
AGU!/	S.W. 58TH AVENUE		82	Street Add	ress (P.O. Box Number is Not Noseptier)		
	1 FL 33155		83				
MANIM						85 Zip Co	ode
			84	City		FLIi	
	607.060	2 and 607 1508 Florida Statutes.	the above	e-named con	poration submits this statement for the purpo ion's board of directors. I hereby accept the a	se of changing its re appointment as regi	egisterea istered
11. Pursuant to	o the provisions of Sections 607,050 enistered agent, or both, in the State	of Florida. Such change was autho	orized by	the corporat	poration submits this statement for the purpo- ion's board of directors. I hereby accept the a	эррошин о	
agent. I an	egistered agent, or both, in the State in familiar with, and accept the obliga	ations of, Section 607.0505, Florida	Statutes.	•			
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SIGNATURE		and title if applicable. (NOTE: Reg			ed when reinstating) DA		2S IN 12
	Signature, typed or printed name of registered age	AR Care on a special part of the special part			ed when reinstating) DA ADDITIONS/CHANGES TO OFFICER	RS AND DIRECTOR	RS IN 12
12.	OFFICERS AN	nt and title if applicable. (NOTE: Rec ND DIRECTORS	gistered Agen				RS IN 12
12. ΠΙΤΙΕ	OFFICERS AN	ND DIRECTORS	gistered Agen			RS AND DIRECTOR	RS IN 12
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0/(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 are 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 are 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 are 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 are 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 are 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 are 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 are indicated on this annual report of 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 are indicated on this annual report of supplemental annual report of sup

SIGNATURE:

ME OF SIGNING OFFICER OR DIRECTOR