FILE NOW: FILING FEE AFTER MAY 1 IS \$2 .00 **PROFIT** FLORIDA DEPARTMENT STATE CORPORATION Sandra B. Morth ANNUAL REPORT Secretary of Sta 1996 DIVISION OF CORPOR IONS DOCUMENT # (6)RANDYKE IMPORT & EXPORT, INC. Principal Place of Business Mailing Address RANDYKE IMP & EXP. INC. RANDYKÉ IMP & EXP. INC. 5423 NW 72ND AVE. 5423 NW 72ND AVE. MIAMI FL 33166 MIAMI FL 33166 3. Date Incorporated or Qualified 3a. Date of Last Report 04/09/1992 03/08/1995 2. Principal Place of Business 4. TEI Number 2a. Mailing Address Applied For 21 65-0329119 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees $Z_{\rm ID}$ Country Country 8. This corporation has liability for intangible tax under s. 199,032. 30 ¥ Yes □ No 24 25 29 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BAILEY, ABE A. Street Address (P.O. Box Number is Not Acceptable) 82 20401 N.W. 2ND AVE. 83 SUITE 206 **MIAMI FL 33169** 84 City Zip Code 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE. (NOTE: Registered Agent signature requ (12/95)OFFICERS AND DIRECTORS 12 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 [1] DELETE TILE 1.111116 Change Addition RANKIN, KENT NAM: 1.2 NAME CR2E034 7480 MIAMI LAKES DRIVE STREET ADDRESS. 1.3 STREET ADORESS MIAMI FL CIEY - \$1 - ZIP 1.4 CHY - \$1 - ZIP DELETE 11"LE 2 1 TULE ☐ Addition NAME JOHNSON, WINSTON B. 2.2 NAME STHELL ACCORESS 1421 N.W. 175TH STREET 2.3 STREET ADDRESS MIAMI FL CITY - \$1 - ZIP 2.4 CITY - ST - ZIP DELETE THEE 3 1 TITLE Change Add tion NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS C-1Y - ST - Z-P 3.4 CITY - S1 - ZIP TillE DELETE 4 131'LF Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-\$1-7P 4.4 C(1Y - ST - 2)P DEL ETE Addition THEF 5 A TAILE [] Change NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CUTY ST-76 5.4 C(1) - \$1 - Z(F) THEE DELETE 6 1 Till E Change Addition NAME 6.2 NAME STREET ADDRESS. 6.3 STREET ADDRESS CITY-ST-ZIP 64 CITY-ST ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily turnished and does not qualify for the exemption stated in Section 119 07(3)(k). 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 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 on an attachment with an address.

SIGNATURE:

NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/76 305-888-4984