FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY 16 AM 8:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V28635** **(3)**

1. Corporation Name

RAPID PACK, CORPORATION

Principal Place of Business

3208 NW 72ND AVE.
#G-05
MIAMI FL 33122
US

Mailing Address

3208 NW 72 AVE
MIAMI FL 33122

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/10/1992

3a. Date of Last Report: 03/01/1994

2. Principal Place of Business
21 6993 NW 82 AVE
22 Suite, Apt. #, etc. BAY 24
23 City & State Miami, Fla.
24 Zip 33166
25 Country Dade

2a. Mailing Address
26 6993 NW 82 AVE
27 Suite, Apt. #, etc. Bay 24
28 City & State Miami Fla
29 Zip 33166
30 Country U.S.A

4. FEI Number 65-0328760 — Applied For / Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

TELLADO, DARIO E.
6180 NW 173 ST
#516
MIAMI FL 33015

10. Name and Address of New Registered Agent

81 Name TELLADO Dario E.
82 Street Address (P.O. Box Number is Not Acceptable) 18336 N.W 61 Place
83
84 City Miami FL 85 Zip Code 33015

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 _____ (Signature (type) or print name of registered agent and title if applicable) (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	TELLADO, DARIO E.
STREET ADDRESS	6180 NW 173 ST # 516
CITY ST ZIP	MIAMI FL 33015
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PTD	☒ Change ☐ Addition
1.2 NAME	TELLADO, Dario E.	
1.3 STREET ADDRESS	18336 N.W 61 Place	
1.4 CITY-ST-ZIP	Miami, Fla. 33015	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished 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: _____ SIGNATURE / TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 5/8/95 — Daytime Phone #: 305 597 8940

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