FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** FLORIDA DEPARTMENT OF STATE Apr 16, 1999 8:00 am CORPORATION Katherine Harris ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1999 04-16-1999 90077 038 ***150.00 **DOCUMENT #** 1. Corporation Name R& A INTERNATIONAL INVESTMENTS, Inc Mailing Address Principal Place of Business 6610 SW J4 Lane 6610 SW 54 Lane Miani, Fla 33155 Mami, 7/2 33/55 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 04/13/ 2. Principal Place of Business 1 6610 SW 54 Lane 2a. Mailing Address Applied For 6610 SW 54 lane 65-0336374 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certifcate of Status Desired Fee Required 27 City & State City & State \$5:00 May Be 6.-Election:Campaign:Financing-28 Trust Fund Contribution Added to Fees 8. This corporation owes the current year Intangible WA □ No 29 Personal Property Tax. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent GOMEZ-GRACIA. CARLOS Street Address (P.O. Box Number is Not Acceptable) 6610 SW 54 Lane 83 Mani, Fla 33155 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required who ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. DELETE ☐ Change ☐ Addition 1.1 TITLE SOMEZ- GRACIA. CARLOS 1.2 NAME 6610 SX 84 Lane 1.3 STREET ADDRESS

12. TITLE NAME STREET ADDRESS 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition 2.1 TITLE TITLE GOMEZ-GRACIA Isabel 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE . Change TITLE 3.1.TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP ☐ DELETE Change Addition 4.1 TITLE TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADORESS 4.4 CITY-ST-ZIP CITY-ST-ZIF ☐ Change Addition DELETE 517TF TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE ☐ Change Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. I 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 by the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed on the arrangement with an address, with all other like empowered.

SIGNATURE:

CHALDS SOMEZ-GRACIA

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/99

105 662896/