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ARTICLES AND FEES

98 MAY 11 PM 2:11

SECRETARY OF STATE TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # V35289

1. Corporation Name

RAGLAN GROUP, INC. **REINSTATEMENT** 93-98

Principal Place of Business / Mailing Address

c/o Law Offices of Michael Steven Greene
777 Brickell Ave.
Suite 1120
Miami, FL 33131

A. Ayer 5/11/98

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: May 8, 1992

2. Principal Place of Business	2a. Mailing Address
21 1781 NW 79th Ave.	26 1781 NW 79th Ave.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Miami, FL	28 Miami, FL
24 Zip 33126 / 25 Country USA	29 Zip 33126 / 30 Country USA

4. FEI Number: 65-0336800 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

Jeffrey P. Agron
777 Brickell Ave.
Suite 1120
Miami, FL 33131

10. Name and Address of New Registered Agent

81 Name: Clayton Parker, Esq.
82 Street Address (P.O. Box Number is Not Acceptable): 201 S. Biscayne Blvd.
83 Ste. 2000
84 City: Miami FL 85 Zip Code: 33131

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: _____ DATE: 4/28/98
Signature(s) required for new and/or registered agent(s) and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D John Clements 1510 NW 79 Ave., Miami, FL ☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	D John Clements 1781 NW 79 Ave., Miami, FL 33126 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Joel Desin 1510 NW 79 Ave., Miami, FL ☒ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	D William Clements 1781 NW 79 Ave., Miami, FL 33126 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Philip Madden 1510 NW 79 Ave., Miami, FL ☒ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Carlos Orchard 1510 NW 79 Ave., Miami, FL ☒ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

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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 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: _____ John Clements
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR