## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

STREET ADDRESS

14. I hereby cortify that the information sur-indicated on this annual report of supp

Block 12 or Block 13

CITY-ST-ZIP

FILED PROFIT May 20 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # **NEW RAB**AR CORPORATION Principal Place of Business Mailing Address 45 S.W. 8TH AVENUE 45 S.W. 8TH AVENUE MIAMI FL 33130 MIAMI FL 33130 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/02/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0345619 21 Not Applicable Suite, Apt #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees Zip Country Country This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. Yes ☐ No 30 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GONZALEZ, FRANCISCO 45 S.W. 8TH AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33130 83 84 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 Horida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typics or process them, of registrated against and title diapplicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition THLE 1.1 THUE GONZALEZ, FRANCISCO NAME 1.2 NAME 1720 S.W. 30 AVENUE STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33145 CITY-ST-ZIP 1.4 CITY-ST-ZIP STD DELETE Change Addition TITLE 2.1 THLE **GONZALEZ, MARIA AMELIA** NAME 2.2 NAME 1720 S.W. 30 AVENUE STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL 33145 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - ZIP DELETE Addition TITLE 4.1 TILLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CHY - ST-ZIP DELETE Addition TITLE 5.1 THLE NAME 5.2 NAME 5.3 STHEET ADDRESS STREET ADORESS CITY+ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6.1 TITLE \_\_\_ Addition NAME 6.2 NAME 300002532873

6.3 STREFT ADDRESS

Francisco Gonzalez 3-27-98 205-325-0221

6.4 CITY-ST-ZIP ###150 000 Ground to the examption stated in Section 119.07(3)(0, Florida Statutes, I further certify that the information

eports true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an istee empowered to execute this report as required by Chapter 607, I lorida Statutes; and that my name appears in an address.

-05/22/98--01020--007