## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

111

r.a.v.	INTERNATIONAL, COI	RP.								
Principal Place of Business Mailing Address										
5501 NW 163 MIAMI FL 33		MIA	5501 NW 163 ST. Miami Fl. 33014							
U\$ U\$						3. Date Incorporated or Q 08/18/1992	ualified	3a. Date o <b>0</b> 8	f Last Re <b>/10/19</b>	-
			a. Mailing Address Ti						Applied For Not Applicable	
Suite, Apt. #,	, etc	<b>26</b>   Sui	8uite, Apt. #, etc.			5. Certificate of Status Desired [***]			\$8.75 Additional	
2		27								Required
City & State			City & State			6. Election Campaign Fina Trust Fund Contribution	-	\$5.00 May Be Added to Fees		
Zip	Country	Zip		Coun	lry	This corporation has lia     Florida Statutes	bility for int		under s	199.032,
24	25 Name and Address of 6	29	d Agent	30		10. Name and Address of			aent	
	B. 1144114				31 Name					
ARIAS, 15131 S MIAMI F	RACE			Street A	ddress (P.O. Box Number is Not a	Acceptable)				
	8			h.					11 = 1	Code
				l'	34 City			FL		
OLOS LATELION				l'	- 1	poration submits this statement fo poard of directors. I hereby accept	or the purpor the appoin	FL ose of chan ntment as re		
OLON LATEL COL	signature, typeo or ponted hains of regiscs	ned agout and tile Kepple	ablo (NC	es, the aboved by the co	e-named cor orporation's b	quired when reinstating):		EWIE	ging its re egistered	egistered office agent. I am
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6.4 CITY - ST-ZIP 14. 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 appeal report or supplemental abnual 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 furnished empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if Changes 13 or an attachment with an address. CITY-ST-ZiP

5.3 STREET ADDRESS

63 STREET ADDRESS

BICARD

5.4.0.TY-ST-ZIP

4.4 CITY - ST - ZIP

5. 1 TITLE

5.2 NAME

6 1 TITLE

62 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY - ST - ZIP

TITLE

NAME

TITLE

NAME

ARIAS SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

DEFELE

\_\_\_ Addition

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Change

Change