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

TITLE

NAME

STREET ADDRESS

SIGNATURE: & Slouis San Harris

CITY-ST-ZIP

**FILED PROFIT** May 08 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # RANBEGI, CORPORATION Principal Place of Business Mailing Address 3433 GARDEN AVENUE P.O. BOX 440612 MIAMI BEACH FL 33140 MIAMI FL 33144-0612 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/01/1992 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65-0364226 21 26 Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 凶 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 24 25 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name 81 RAMOS, JORGE H., P.A. 2250 S.W. 3RD AVE. Street Address (P.O. Box Number is Not Acceptable) THIRD FLOOR 63 **MIAMI FL 33129** 84 City Zip Code 11. Pursuant to the provisions of Soctions 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** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. PD Change Addition DELETE TITLE 11 TITLE JURADO, JUAN A. CR2E034 NAME 1.2 NAME P. O. BOX 669 N/A STREET ADDRESS 1.3 STREET ADDRESS **FAJARDO PU** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change 21 TITLE TITLE JURADO, RAQUEL BRITO NAME 22 NAME P. O. BOX 669 N/A 2.3 STREET ADDRESS STREET ADDRESS **FAJARDO PU** CITY-ST-ZIP 2.4 CITY-ST-ZIP Addition Change DELETE TITLE 3.1 TITLE P.O. DOX 440 612 NA NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP T Change DELETE Addition TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST-ZIP DELETE Change ■ Addition

6 1 TITLE

6.2 NAME

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.

6.3 STREET ADDRESS