

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **P03687** (1)

1. Corporation Name  
**RISA PROPERTY COMPANY**



Principal Place of Business: **265 SUNRISE AV., STE. 204 PALM BEACH FL 33480**  
Mailing Address: **265 SUNRISE AV., STE. 204 PALM BEACH FL 33480**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/15/1984</b>	3a. Date of Last Report <b>04/17/1995</b>
21		26		4. FEI Number <b>59-2521678</b>	Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>SAFRAN, PAUL JR. 265 SUNRISE AV., #204 PALM BEACH FL 33480</b>				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83.	
				84. City	<b>FL</b>
				85. 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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>Pres.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PROSPERI, A. PAUL</b>		1.2 NAME	<b>Donald F. Mintmire, Esq.</b>	
STREET ADDRESS	<b>265 SUNRISE AV., #204</b>		1.3 STREET ADDRESS	<b>265 Sunrise Ave., Suite 204</b>	
CITY-ST-ZIP	<b>PALM BEACH FL</b>		1.4 CITY-ST-ZIP	<b>Palm Beach, FL 33480</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SAFRAN, PAUL, JR.</b>		2.2 NAME		
STREET ADDRESS	<b>265 SUNRISE AV., #204</b>		2.3 STREET ADDRESS		
CITY-ST-ZIP	<b>PALM BEACH FL</b>		2.4 CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LAW, JOHN</b>		3.2 NAME		
STREET ADDRESS	<b>WESTWIND BLDG 2ND FL</b>		3.3 STREET ADDRESS		
CITY-ST-ZIP	<b>GEORGETOWN, CAYMAN IS</b>		3.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I 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 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 in an appointment with an address.

SIGNATURE: *Donald F. Mintmire* **Donald F. Mintmire, Esq.** DATE: **4/29/96** TELEPHONE: **407-832-5696**

CR2E034 (12/95)