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Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90234 031 ***150.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 188840

1. Corporation Name
RI-ART SERVICES, INC.

Principal Place of Business
P.O. BOX 651285
MIAMI FL 33265

Mailing Address
P.O. BOX 651285
MIAMI FL 33265



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/07/1955

4. FEI Number

59-0752975

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

9. Name and Address of Current Registered Agent

**RAUCHWERGER, ARTHUR
9325 SW 83RD STREET
MIAMI FL 33173**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 *Arthur Rauchwerger*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-15-99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **DP RAUCHWERGER, ARTHUR**

STREET ADDRESS **9325 S.W. 83RD ST.**

CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME **DVP RAUCHWERGER, RITA**

STREET ADDRESS **9325 S.S. 83RD ST.**

CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME **DS RAUCHWERGER, TODD**

STREET ADDRESS **16040 SW 81ST AVENUE**

CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME **DT KAPLAN, DORI J**

STREET ADDRESS **16190 SW 84TH PLACE**

CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: *Arthur Rauchwerger*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-99

Date

305-271-2865

Daytime Phone #

CR2E034 (1/98)