

**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 # **449579** (2)

1. Corporation Name  
**RITWAY EXCHANGE, INC.**



Principal Place of Business: **1015 KANE CONCOURSE MIAMI BCH FL 33154**  
Mailing Address: **1015 KANE CONCOURSE MIAMI BCH FL 33154**

3. Date Incorporated or Qualified: **04/02/1974**  
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business: **21 3905 ALTON RD**  
2a. Mailing Address: **26 3905 ALTON RD**

4. FEI Number: **59-1539065**  
Applied For:  Not Applicable

Suite, Apt. #, etc.: **22**

5. Certificate of Status Desired:  **\$8.75 Additional Fees Required**

City & State: **23 MIAMI, FL**  
27. City & State: **MIAMI, FL**

6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

Zip: **24 33140-3852** Country: **25**  
29. Zip: **33140-3852** 30. Country: **30**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

**g. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**MILLER, CAROLYN ROSEN  
23 INDIAN CREEK ISLAND  
MIAMI BCH FL 33154**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, CAROLYN ROSEN	1.2 NAME	MILLER, CAROLYN ROSEN
STREET ADDRESS	1015 KANE CONCOURSE	1.3 STREET ADDRESS	23 INDIAN CREEK ISLAND
CITY-ST-ZIP	MIAMI BCH FL	1.4 CITY-ST-ZIP	INDIAN CREEK VILLAGE, FL 33154
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, LEONARD	2.2 NAME	MILLER, LEONARD
STREET ADDRESS	1015 KANE CONCOURSE	2.3 STREET ADDRESS	23 INDIAN CREEK ISLAND
CITY-ST-ZIP	MIAMI BCH FL	2.4 CITY-ST-ZIP	INDIAN CREEK VILLAGE, FL 33154
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		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, 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Carolyn Rosen Miller*      05/12/96      305 865-3500

CR2E034 (12/95)