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

665606

(0)

DOCUMENT #

1. Corporation Name RAFAFL & JULIANA PRODUCTIONS, INC.

THE PACE	. a document in topodonic								
Principal Place of Business		Mailing Address	Mailing Address			- E E E E E E E E E E E E E E E E E E E	AMI MINI MINI		BIBIL SIBIL (BB)
951 W 13TH ST STUDIO #6 RIVIERA BCH FL 33404		STUDIO #6	951 W 13TH ST STUDIO #6 RIVIERA BCH FL 33404						
minetal post				3. Date Incorporated or Qualified 04/03/1980	3a. Date 05	of Last F /01/19	•		
2. Principal Pla	ce cf Business	2a. Mailing Addr	ess			4. FEI Number 59-1998357			Applied For Not Applicable
Suite, Apt. #	etr:	26 Suite, Apt. #	. etc.						5 Additional
22		27				5. Certificate of Status Desired			Required
City & State		City & State				Election Campaign Financing Trust Fund Contribution		Adde	00 May Be ad to Fees
Z _I p 24	ip Country Zip 25 29		h	Country 30		This corporation has liability for intangible tax under s 199.032, Florida Statutes			
:*	9. Name and Address of Curr					10. Name and Address of New R	egistered /	Agent .	
				81	Name				
	RALPH S.		82 Street Add		Street Addre	ss (P.O. Box Number is Not Acceptab	le)		
	SEY PARK CIRLCE EACH GARDENS FL 33410			83					
Trucini De				84	City			85 Z	'ip Code
						ation submits this statement for the pur	FL	1	
SIGNATURE	Signa ure typed or printed name of registered as OFFICERS A	and title if applicable. AND DIRECTORS	(NOTE: Registered	d Ager	nt signature requirad	when reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND	DIRECT	ORS IN 12
TITLE	FDT DEL			TITLE				Change	
NAME	COREY, JULIANA		1.2 N	IAME					
STREET ADDRESS	283 KELSEY PARK CIRCLE F'ALM BEACH GARDENS F				ADDRESS				
CITY - ST - ZIP THTLE	VDS	L 33410		TITLE	ST-ZIP			Change	☐ Addition
NAME	COREY, RAPHAEL		2.2 NAN						
STREET ADDRESS	283 KELSEY PARK CIRCLE		2.3 \$1		T ADDRESS				
CITY-ST-ZIP	FALM BEACH GARDENS F			~~~~	ST-ZIP			Change	Addition
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CITY-ST-ZIP					ST-ZIP		i	Change	e
TITLE		□ DE		TITLE NAME					
NAME CARREL ADODECC					T ADDRESS				
STREET ADDRESS CITY-ST-ZIP			6.4 (CITY-	ST-ZIP				
14. I do hereb	by certify that the information suppli	ed with this filing is volur	tarily furnished and	do	es not qualify for	or the exemption stated in Section 119	.07(3)(k), Fk	orida Stat	utes. I further

certify that the information incleated of 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 of 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 Flock 13 if charged, or on an attachment with an address. ALLA RINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: