

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

FILED

Apr 28 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # G07540 (9)

1. Corporation Name  
RAYO ENTERPRISES CORPORATION



Principal Place of Business  
% ROBERT R. CALEFFE  
~~255 COMMERCIAL BOULEVARD~~  
~~LAUDERDALE BY THE SEA FL 33308~~

Mailing Address  
% ROBERT R. CALEFFE  
~~255 COMMERCIAL BOULEVARD~~  
~~LAUDERDALE BY THE SEA FL 33308 4419~~

2. Principal Place of Business

21

Suite, Apt. #, etc.  
3101 N. Federal Hwy, 6th Fl  
City & State  
Ft Lauderdale, FL

Zip  
33306

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.  
3101 N. Federal Hwy, 6th Fl  
City & State  
Ft Lauderdale, FL

Zip  
33306

29

30

3. Date Incorporated or Qualified  
11/05/1982

3a. Date of Last Report  
04/01/1996

4. FEI Number

59-2240712

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

CALEFFE, ROBERT R.  
~~255 COMMERCIAL BOULEVARD~~  
~~LAUDERDALE BY THE SEA FL 33308~~

10. Name and Address of New Registered Agent

81 Name

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

3101 N. Federal Hwy, 6th Fl

83

84

Ft Lauderdale

FL

85

Zip Code  
33306

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

TITLE PD CALEFFE, ROBERT R. DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
~~255 COMMERCIAL BLVD~~  
~~LAUD BY THE SEA, FL 33308~~

TITLE DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE DELETE

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STREET ADDRESS  
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CITY - ST - ZIP

TITLE DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

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 do 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.

Robert R. Caleffe

CR2E034 (9/96)