

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G41462** (4)

1. Corporation Name:

RAFFA ASSOCIATES, INC.



Principal Place of Business

**4336 NE 5 AVE.
OAKLAND PARK FL 33334**

Mailing Address

**4336 NE 5 AVE.
OAKLAND PARK FL 33334**

3. Date Incorporated or Qualified
05/27/1983

3a. Date of Last Report
01/18/1995

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

24. Zip Country

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

29. Zip Country

4. FEI Number

59-2301439

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

**RAFFA, JOSEPH W.
4336 NE FIFTH AVENUE
OAKLAND PARK FL 33334**

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

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	RAFFA, JOSEPH W.	
STREET ADDRESS	4336 NE FIFTH AVENUE	
CITY-ST-ZIP	OAKLAND PARK FL	
TITLE	DP	☐ DELETE
NAME	RAFFA, JOSEPH W	
STREET ADDRESS	4336 NE FIFTH AVENUE	
CITY-ST-ZIP	OAKLAND PARK FL	
TITLE	VP	☐ DELETE
NAME	RAFFA, FRANK T.	
STREET ADDRESS	2310 N.W. 6 AVENUE	
CITY-ST-ZIP	WILTON MANORS FL	
TITLE	S	☐ DELETE
NAME	RAFFA, DOROTHY M.	
STREET ADDRESS	2824 NE 3 TERRACE	
CITY-ST-ZIP	WILTON MANORS FL	
TITLE	T	☐ DELETE
NAME	GRAZIANI, MICHAEL J.	
STREET ADDRESS	1416 NE 15 AVENUE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
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 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 on an attachment with an address.

SIGNATURE: *Joseph W. Raffa*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANUARY 22, 1996 305-563-2339

CR2E034 (12/95)