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Jan 29 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 # **G41462** **(4)**

1. Corporation Name
RAFFA ASSOCIATES, INC.

Principal Place of Business	Mailing Address
4336 NE 5 AVE. OAKLAND PARK FL 33334	4336 NE 5 AVE. OAKLAND PARK FL 33334-3104

3. Date Incorporated or Qualified: **05/27/1983**
3a. Date of Last Report: **01/30/1996**

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	RAFFA, JOSEPH W.		1.2 NAME		
STREET ADDRESS	4336 NE FIFTH AVENUE		1.3 STREET ADDRESS	4505 N.E. 23 AVENUE	
CITY-ST-ZIP	OAKLAND PARK FL		1.4 CITY-ST-ZIP	FT. LAUDERDALE, FLA. 33308	
TITLE	DP	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	RAFFA, JOSEPH W		2.2 NAME		
STREET ADDRESS	4336 NE FIFTH AVENUE		2.3 STREET ADDRESS	4505 N.E. 23 AVENUE	
CITY-ST-ZIP	OAKLAND PARK FL		2.4 CITY-ST-ZIP	FT. LAUDERDALE, FLA. 33308	
TITLE	VP	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	RAFFA, FRANK T.		3.2 NAME		
STREET ADDRESS	2310 N.W. 6 AVENUE		3.3 STREET ADDRESS	3 SUNSET LANE	
CITY-ST-ZIP	WILTON MANORS FL		3.4 CITY-ST-ZIP	POMPANO BEACH, FLA. 33062	
TITLE	S	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	RAFFA, DOROTHY M.		4.2 NAME		
STREET ADDRESS	2824 NE 3 TERRACE		4.3 STREET ADDRESS	4505 N.E. 23 AVENUE	
CITY-ST-ZIP	WILTON MANORS FL		4.4 CITY-ST-ZIP	FT. LAUDERDALE, FLA. 33308	
TITLE	T	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GRAZIANI, MICHAEL J.		5.2 NAME		
STREET ADDRESS	1416 NE 15 AVENUE		5.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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.

SIGNATURE: JOSEPH W. RAFFA, PRES. X _____ 1-23-97 954-563-2339
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #