

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

**FILED**  
**Jan 22, 1999 8:00am**  
**Secretary of State**

01-22-1999 90070 020 \*\*\*150.00



|                                              |                                                                                   |                                                                                                          |
|----------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>PROFIT CORPORATION ANNUAL REPORT 1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|----------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

**DOCUMENT # G41462**

1. Corporation Name  
**RAFFA ASSOCIATES, INC.**

|                                                                        |                                                            |
|------------------------------------------------------------------------|------------------------------------------------------------|
| Principal Place of Business<br>4336 NE 5 AVE.<br>OAKLAND PARK FL 33334 | Mailing Address<br>4336 NE 5 AVE.<br>OAKLAND PARK FL 33334 |
|------------------------------------------------------------------------|------------------------------------------------------------|

DO NOT WRITE IN THIS SPACE

|                                                                                                             |  |                                                                                                                                                 |  |                                                                                          |  |
|-------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------|--|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip Country<br>24         |  | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip Country<br>29                                                        |  | 3. Date Incorporated or Qualified<br>05/27/1983                                          |  |
| 4. FEI Number<br>59-2301439                                                                                 |  | Applied For<br>Not Applicable                                                                                                                   |  | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |  |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |  | 8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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                                               | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83                                                    |             |
| 84 City                                               | FL          |

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                      | D <input type="checkbox"/> DELETE  | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | RAFFA, JOSEPH W.                   | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 4505 NE 23 AVE                     | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | FT LAUDERDALE FL                   | 1.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | DP <input type="checkbox"/> DELETE | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | RAFFA, JOSEPH W                    | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 4505 NE 23 AVE                     | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | FT LAUDERDALE FL                   | 2.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | VP <input type="checkbox"/> DELETE | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | RAFFA, FRANK T.                    | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 3 SUNSET LN                        | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | POMPANO BEACH FL                   | 3.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | S <input type="checkbox"/> DELETE  | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | RAFFA, DOROTHY M.                  | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 4505 NE 23 AVE                     | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | FT LAUDERDALE FL                   | 4.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | T <input type="checkbox"/> DELETE  | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> 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                      | <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 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, with all other like empowered.

SIGNATURE:

*Signature of Michael J. Grazianni*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-99

Date

954-563-2339

Daytime Phone #

CR2E034 (11/98)