FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
'95 APR 26 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G45561 (9)

1. Corporation Name
RIFFLARD FINANCIAL GROUP, INC.

Principal Place of Business	Mailing Address
4390 N. FEDERAL HWY SUITE 208 FT. LAUDERDALE FL 33308	4390 N. FEDERAL HWY SUITE 208 FT. LAUDERDALE FL 33308

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/14/1983
3a. Date of Last Report: 02/22/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 59-2295975 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

~~TEPPG, JEROME L., P.A.~~
~~3111 POWERLINE RD~~
~~#701~~
~~FT LAUDERDALE FL 33309~~

10. Name and Address of New Registered Agent

81 Name: ROBERT I. FENTON
82 Street Address (P.O. Box Number is Not Acceptable): 4390 NORTH FEDERAL HIGHWAY
83: # 208
84 City: FORT LAUDERDALE **FL** 85 Zip Code: 33308

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: Robert I. Fenton — ROBERT I. FENTON, PRESIDENT
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	PD	1.1 TITLE	P/V/T/S/D	☒ Change ☐ Addition
NAME	RIFFLARD, ALFRED, JR.	1.2 NAME	ROBERT I. FENTON	
STREET ADDRESS	3005 NE 15 TERR	1.3 STREET ADDRESS	3720 NORTH 55 AVENUE	
CITY-ST-ZIP	FT LAUDERDALE, FL 0	1.4 CITY-ST-ZIP	HOLLYWOOD, FLORIDA 33021	
TITLE	D	2.1 TITLE		☒ Change ☐ Addition
NAME	RIFFLARD, KATHLEEN	2.2 NAME		
STREET ADDRESS	3005 NE 15 TERR	2.3 STREET ADDRESS	PLEASE DELETE KATHLEEN RIFFLARD	
CITY-ST-ZIP	FT LAUDERDALE FL	2.4 CITY-ST-ZIP		
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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: Robert I. Fenton — 4/19/95 — (305) 772-0070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

081418 CP