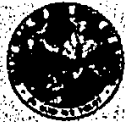


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 26 AM 10:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G48151 (6)

1. Corporation Name
RIC-MAN INTERNATIONAL, INC.

Principal Place of Business Mailing Address
2801 NW 48TH STREET 2801 NW 48TH STREET
POMPANO BEACH FL 33073 POMPANO BEACH FL 33073

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3e. Date of Last Report
07/11/1983 04/27/1994

4. FEI Number Applied For
59-2300398 Not Applicable

5. Certificate of Status Desired **XX** \$8.75 Additional
Fee Required

6. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution Added to Fees

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

2. Principal Place of Business 2a. Mailing Address

21 26

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State

23 28

Zip Country Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

MANCINI, DAVID A 81 Name
2801 W. 48TH ST. 82 Street Address (P.O. Box Number is Not Acceptable)
POMPANO BCH. FL 33073 83
84 City 85 Zip Code
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 607.0565, Florida Statutes.

SIGNATURE: *[Signature]* **David A. Mancini, President** 4/11/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANCINI, STEVEN M	1.2 NAME	
STREET ADDRESS	6850 NINETEEN MILE RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	STERLING HEIGHTS MI	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTILLO, RENE L.	2.2 NAME	
STREET ADDRESS	2801 NW 48 STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANCINI, EDWARD A.	3.2 NAME	
STREET ADDRESS	6850 NINETEEN MILE RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	STERLING HGTS MI	3.4 CITY-ST-ZIP	
TITLE	DP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANCINI, DAVID A	4.2 NAME	
STREET ADDRESS	2801 NW 48TH STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH. FL	4.4 CITY-ST-ZIP	
TITLE	TASD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JANKOWSKI, LISA M.	5.2 NAME	
STREET ADDRESS	6850 NINETEEN MILE RODAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	STERLING HEIGHTS MI	5.4 CITY-ST-ZIP	
TITLE	DVP	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANCINI, DANIEL C	6.2 NAME	
STREET ADDRESS	2801 NW 48 ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH FL	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 (check one) or on an attachment with an address.

SIGNATURE: *[Signature]* 4/11/95 (305)426-1042
Signature and typed or printed name of signing officer or director Date Daytime Phone #
David A. Mancini, President