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 MAY -1 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H92316** **(9)**

1. Corporate Name
THE RICE GROUP, INC.

Principal Place of Business
11900 WEST DIXIE HIGHWAY
MIAMI FL 33161

Mailing Address
11900 WEST DIXIE HIGHWAY
MIAMI FL 33161

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Qualified: 12/31/1985
3a. Date of Last Report: 06/02/1994

2. Principal Place of Business
21

2a. Mailing Address
26

Suite, Apt. # etc.
22

Suite, Apt. # etc.
27

City & State
23

City & State
28

Zip 24 County 25 Zip 29 Country 30

4. FEI Number: 59-2714607 — 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. The corporation has activity to be exempt from under S. 190.020, Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
FIELDSTONE, RONALD R.
2601 S. BAYSHORE DR.
STE. 1600
MIAMI FL 33133

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 607.0505 and 607.0506, Florida Statutes, the above named corporation submits the 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		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	TITLE	☐ Change ☐ Addition
NAME	RICE, CHARLES	NAME	
STREET ADDRESS	11900 W. DIXIE HWY.	STREET ADDRESS	
CITY, STATE, ZIP	N. MIAMI FL	CITY, STATE, ZIP	
TITLE	DVP	TITLE	☐ Change ☐ Addition
NAME	PUTNAM, RICHARD	NAME	
STREET ADDRESS	1130 LARCHMONT DR.	STREET ADDRESS	
CITY, STATE, ZIP	ENGLEWOOD FL	CITY, STATE, ZIP	
TITLE	ST	TITLE	☐ Change ☐ Addition
NAME	RICE, SHIRLEY	NAME	
STREET ADDRESS	11900 W. DIXIE HIGHWAY	STREET ADDRESS	
CITY, STATE, ZIP	NORTH MIAMI FL	CITY, STATE, ZIP	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	HALLACK, CHARLES	NAME	
STREET ADDRESS	4 SE 3L MORROW	STREET ADDRESS	
CITY, STATE, ZIP	PT. ST. LUCIE FL	CITY, STATE, ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	

14. I hereby certify that the information supplied with this filing, voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further certify that the information indicated on the annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect and force as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 (if changed), or is an attachment with an address.

SIGNATURE: CHARLES F. RICE 5/1/95 895-7661
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Title — Date — Daytime Phone

0174445 CP