

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **J04321 (2)**

1. Corporation Name
RAFAEL'S, INC.



Principal Place of Business Mailing Address
% RALPH OESEVILLA
990 N ST. RD. 434 STE 1128
ALTAMONTE SPRINGS FL 32714

3. Date Incorporated or Qualified **03/17/1986** 3a. Date of Last Report **04/27/1995**

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

4. FEI Number **59-2654089** 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
DEWOLF, THOMAS B.
200 E. ROBINSON ST.
ORLANDO FL 32801

10. Name and Address of New Registered Agent
81 Name **KEIDAISH, PHILLIP, JR.**
82 Street Address (P.O. Box Number is Not Acceptable)
505 Wekiva Springs Rd Suite 800
83
84 City **Longwood** FL 85 Zip Code **32779**

11. Pursuant to the provisions of Sections 607.0502 and 607.1578, 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 is 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]* Philip Keidaish Jr. 5/2/96
Date

12. OFFICERS AND DIRECTORS

TITLE	P VP	<input type="checkbox"/> DELETE
NAME	DESEVILLA, RALPH	
STREET ADDRESS	827 HILLARY CT	
CITY- ST- ZIP	LONGWOOD FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	SEVILLA, RAFAEL	
STREET ADDRESS	1824 N. HASTINGS CR.	
CITY- ST- ZIP	ORLANDO FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	DESEVILLA, DIANE	
STREET ADDRESS	827 HILLARY CT	
CITY- ST- ZIP	LONGWOOD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	800001817358
3.3 STREET ADDRESS	-05/13/96--01006--001
3.4 CITY- ST- ZIP	***208.75
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 if changed, on an attachment with an address

SIGNATURE: *[Signature]* Diane DeSevilla 4-19-96 407 788 2100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (12/95)