

**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 # **J87302** (2)  
1. Corporation Name  
**RAWL CORPORATION, INC.**



Principal Place of Business: **% EVELYN D. RAWLEY, 600 BILTMORE WAY, S-203, CORAL GABLES FL 33134-7528**  
Mailing Address: **% EVELYN D. RAWLEY, 600 BILTMORE WAY, S-203, CORAL GABLES FL 33134-7528**

3. Date Incorporated or Qualified: **08/13/1987**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **59-2844477**  
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

21. Principal Place of Business: Suite, Apt. #, etc.:  
22. City & State: **MIAMI FL**  
23. Zip: **33176** Country: **U.S.A.**

9. Name and Address of Current Registered Agent

**RAWLEY, EVELYN D.  
600 BILTMORE WAY  
SUITE 203  
CORAL GABLES FL 33143**

10. Name and Address of New Registered Agent

81 Name: **RAWLEY, EVELYN D.**  
82 Street Address (P.O. Box Number is Not Acceptable): **11621 SW 112 ST**  
83 **MIAMI**  
84 City: **MIAMI** FL 85 Zip Code: **33176**

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: *Evelyn D. Rawley*  
Signature (Type or print name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE: **3.1.96**

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>RAWLEY, ROBERT F.</b>	
STREET ADDRESS	<b>600 BILTMORE WAY #203</b>	
CITY - ST - ZIP	<b>CORAL GABLES FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>RAWLEY, EVELYN D.</b>	
STREET ADDRESS	<b>600 BILTMORE WAY #203</b>	
CITY - ST - ZIP	<b>CORAL GABLES FL</b>	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>RAWLEY, ROBERT F.</b>
13 STREET ADDRESS	<b>600 BILTMORE WAY #203</b>
14 CITY - ST - ZIP	<b>CORAL GABLES FL</b>
2 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>RAWLEY, EVELYN D.</b>
23 STREET ADDRESS	<b>11621 SW 112 ST</b>
24 CITY - ST - ZIP	<b>MIAMI FL 33176</b>
3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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, or on an attachment with an address.

SIGNATURE: *Evelyn D. Rawley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **3.1.96**  
DAYTIME PHONE #: **305.271.2785**

CR2E034 (12/95)