

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **K49874** (6)

1. Corporation Name
R.I.R. ENTERPRISES, INC.

FILED
95 AUG -7 AM 11:26
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business Mailing Address
% RONIE ROFFE
36 N.E. 1ST ST., SUITE 1040
MIAMI FL 33132

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/08/1988	3a. Date of Last Report 07/05/1994
4. FEI Number 65-0103666	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Previous Principal Place of Business
ROFFE 036 081320865-1195-06/07/90
NOTIFY SENDER OF NEW ADDRESS
ROFFE, RONEY
PO BOX 630067
MIAMI FL 33163-0067



24. Name and Address of Current Registered Agent
ROFFE, RONIE
36 NE 1ST ST
MIAMI FL 33132

81 Name	10. Name and Address of New Registered Agent
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

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 _____ (Signature) _____ (Registered Agent Signature) _____ (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL OFFICERS AND DIRECTORS	
TITLE	DP	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROFFE, RONEY I.	12 NAME	
STREET ADDRESS	36 NE 1ST ST	13 STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL	14 CITY, ST, ZIP	
TITLE	DS	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROFFE, EVA	22 NAME	
STREET ADDRESS	36 NE 1ST ST	23 STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL	24 CITY, ST, ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY, ST, ZIP		34 CITY, ST, ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		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 (7)(3)(b), Florida Statutes. I further certify that the information included 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, handwritten or as an attachment with an address.

SIGNATURE: *R. Roffe* *RONEY ROFFE* 7/31/95
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/95)