

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION  
 ANNUAL REPORT  
 1996



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

DOCUMENT # **K49874 (6)**  
 1. Corporation Name: **R.I.R. ENTERPRISES, INC.**



Principal Place of Business: **% RONIE ROFFE, 36 NE 1ST ST., SUITE 1040, MIAMI FL 33132**  
 Mailing Address: **% RONIE ROFFE, 36 NE 1ST ST., SUITE 1040, MIAMI FL 33132**

2. Principal Place of Business: **21 2742 Biscayne Blvd.**  
 Suite, Apt #, etc.: **22**  
 City & State: **23 MIAMI, FL**  
 Zip: **24 33137** Country: **25**  
 Mailing Address: **26 2742 Biscayne Blvd.**  
 Suite, Apt #, etc.: **27**  
 City & State: **28 MIAMI, FL**  
 Zip: **29 33137** Country: **30**

3. Date Incorporated or Qualified: **12/08/1988**  
 3a. Date of Last Report: **08/07/1995**  
 4. FEI Number: **65-0103666**  
 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:  
**ROFFE, RONIE**  
**36 NE 1ST ST**  
**MIAMI FL 33132**

10. Name and Address of New Registered Agent:  
 81 Name: **RONIE ROFFE**  
 82 Street Address (P.O. Box Number is Not Acceptable): **2742 Biscayne Blvd.**  
 83 City: **MIAMI** FL 85 Zip Code: **33137**

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 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 607.051, Florida Statutes.

SIGNATURE: **RONIE ROFFE president R. Roff 7-2-96**

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
DP	ROFFE, RONEY I.	<del>36 NE 1ST ST</del> <b>2742 Biscayne Blvd.</b>	<del>MIAMI FL</del> <b>MIAMI FL</b>	<input type="checkbox"/>
DS	ROFFE, EVA	<del>36 NE 1ST ST</del>	<del>MIAMI FL</del>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE	Change	Addition
1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 president or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an addition with an address.

SIGNATURE: **RONIE ROFFE R. Roff PRESIDENT 7-2-96**

CR2E034 (3/96)