

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Feb 26 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
 1997



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
2742 BISCAYNE BLVD
36 N.E. 1ST ST., SUITE 1040
MIAMI FL 33137
US

Mailing Address
2742 BISCAYNE BLVD
36 N.E. 1ST ST., SUITE 1040
MIAMI FL 33132-2494
US

3. Date Incorporated or Qualified **12/08/1988** 3a. Date of Last Report **07/11/1996**

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

2. Principal Place of Business
 21. Suite, Apt. #, etc.
 22. City & State
 23. Zip Country
 24. 25.

2a. Mailing Address
 26. **2742 BISCAYNE BLVD.**
 27. Suite, Apt. #, etc.
 28. **MIAMI . FL**
 29. **33137** 30. Country

9. Name and Address of Current Registered Agent
ROFFE, RONEY
2742 BISCAYNE BLVD
MIAMI FL 33137

10. Name and Address of New Registered Agent
 81. Name **ROFFE RONEY**
 82. Street Address (P.O. Box Number is Not Acceptable)
 83. **2742 BISCAYNE BLVD.**
 84. 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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE DELETE
DP
 NAME **ROFFE, RONEY I.**
 STREET ADDRESS **2742 BISCAYNE BLVD**
 CITY- ST- ZIP **MIAMI FL**

TITLE DELETE
R
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
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TITLE DELETE
 NAME
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 CITY- ST- ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS **2742 BISCAYNE BLVD.**
 1.4 CITY- ST- ZIP

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY- ST- ZIP

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY- ST- ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY- ST- ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY- ST- ZIP

6.1 TITLE Change 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 of this filing.

SIGNATURE: **R. Roffe** PRESIDENT. **Feb-14-97 (305) 9376050**

CR2E034 (9/96)