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

PROFIT CORPORATION ANNUAL REPORT



SIGNATURE: Like Lot Lotton

FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # **K73548**

(5)

T. Corporation Name RIFCO, INC. Principal Place of Business Mailing Address Mailing Address					
NORTH MIAMI FL 33181		MUTITI MIRMI FE 90101		3. Date incorporated or Qualified	3a. Date of Last Report 06/14/1995
A. Oringlant Disc	as of Divisiones	2a. Mailing Address		03/10/1989 4. FEI Number	4 Applied For
2. Principal Place of Business		26]		65-0107399	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		[27]		B. Cartilleate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	T 0	Trust Fund Contribution	Added to Fees
Zip	Country 25	Z _I p 29	Country 30	8. This corporation has liability for Florida Statutes	mtangible tax under s. 199.032, □ No
24	9. Name and Address of Curre		1991	10. Name and Address of New R	
			81 Name	111105 / Fac	122-
FOSMOEN, RICHARD L.			82 Street Addr	ress (P.O. Box Number is Not Acceptate	NIUW
2012 NE 122ND ROAD NORTH MIAMI FL 33181			83 Street Addi	SE ZUL AVE	# 828
			84 City /X	1 ANC 2	FI 85 Zip Code
11. Pursuant to	the provisions of Sections 607.050	2 arıcl 607,1508, Florida Statut	es, the above-named corpor	ration submits this statement for the pur	pose of changing its registered office
or registere	ed agent or both, in the State of Flor hand accept the obligations of, Sec	ida. Such change was authoriz	red by the corporation's boar	rd of directors. I hereby accept the app	ointment as régistered agent. I am
SIGNATURE	Karley - 1	Termen			4/35/41
SIGNATURE.	signature, typod or printed name of registered age	it and title if applicable (N	DTE: Rogistered Agent signature require		DATE
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	
TITLE	D	DELETE	1 1 11111.		Change Addition
NAME	FOSMOEN, RICHARD L. 2012 NE 122ND ROAD		1.2 NAME 1.3 STREFT ADDRESS	2 50 2 zul AU	4 47252
STREET ADDRESS	NORTH MIAMI FL		1.4 CITY-S1-ZIP	MI Some FC	33181
CHTY-ST-ZIP TITLE	MONITE MINWIEL	DELETE	2 1 TITLE	01/0/-1	Change Addition
NAME		L	2 2 NAME		· ·
STREET ADDRESS			2 3 STREET ADDRESS		
CITY-ST-ZIP			2 4 CITY - ST - ZIP		
TITLE		DELETE	3 1 TillE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3. STREET ADDRESS		
CITY-ST-ZIP		PR DE LES	3.4 C/TY-ST-Z/P		Chart Fin Addition
TITLE		☐ DELETE	4 1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 C/TY - ST - Z/P 5.1 TITLE		Change
TITLE NAME		EJ Petric	5.2 NAME		
STREET ADDRESS			5.3 STREET ADORESS		
CITY-ST-ZIP			5 4 C(1Y - ST - 2)P		
TITLE		DELETE	6 1 HILE		Change Addition
NAME		_	6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CiTY-ST-ZIP		
14 Ldo barab	y certify that the information supplied	with this filing is voluntarily fur	nished and does not qualify:	for the exemption stated in Section 119	.07(3)(k), Florida Statutes. I further
certify that oath: that I	the information indicated on this sou	nual report or supplemental an poration or the receiver or trust	nual report is true and accura se empowered to execute th	ate and that my signature shall have the iis report as required by Chapter 607, f	e same legal effect as it made under –

PRESIDENT

FOSMOENI

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