

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K74497** (4)

1. Corporation Name
RAFI CORPORATION



Principal Place of Business
**401 N.E. 167TH STREET
NORTH MIAMI BEACH FL 33162
US**

Mailing Address
**401 N.E. 167TH STREET
NORTH MIAMI BEACH FL 33162
US**

3. Date Incorporated or Qualified **03/10/1989** 3a. Date of Last Report **04/20/1995**
4. FEIN Number **65-0108517** 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. 190.032, Florida Statutes. Yes No
10. Name and Address of New Registered Agent

2. Principal Place of Business
21. _____
22. _____
23. _____
24. _____
25. _____
26. _____
27. _____
28. _____
29. _____
30. _____
9. Name and Address of Current Registered Agent

**OKO, RALPH N.
401 N.E. 167TH STREET
NORTH MIAMI BEACH FL 33162**

81. Name _____
82. Street Address (P.O. Box Number is Not Acceptable) _____
83. _____
84. City _____
85. Zip Code **FL**

11. Pursuant to the provisions of Sections 607.04(2) or 190.15(2), Florida Statutes, the above named corporation certifies 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, a majority of the shareholders, or a majority of the partners, as the case may be, and a majority of the partners, as the case may be, in the State of Florida.

SIGNATURE _____
12. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> DELETE
NAME	OKO, RALPH N.	
STREET ADDRESS	401 N.E. 167TH STREET	
CITY-STATE-ZIP	NORTH MIAMI BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

14. I do hereby certify that the information supplied on this filing is voluntary, truthful and does not apply to the exemption provisions in Section 190.07(3)(a), Florida Statutes. I further certify that the information supplied on this filing is not a report or supplemental annual report on true and accurate information 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 manager or partner or sole proprietor, as the case may be, of the corporation named by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing, or an affidavit filed with this filing.

SIGNATURE: **RALPH N. OKO** 4-4-96 954-454-4700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)