

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

FILED

Mar 05 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 # 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 33162-3908  
US~~

3. Date Incorporated or Qualified 03/10/1989  
3a. Date of Last Report 04/22/1996

2. Principal Place of Business

21 1142 So. Federal Hwy  
State Apt. # etc.

2a. Mailing Address

26 1142 So. Federal Hwy  
Suite, Apt. #, etc.

4. FEI Number 65-0108517  
Applied For Not Applicable

22 City & State  
FT. LAUDERDALE, FL

27 City & State  
FT. LAUDERDALE, FL

5. Certificate of Status Desired  \$8.75 Additional Fee Required

23 Zip 33316 Country U.S.

28 Zip 33316 Country U.S.

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New 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 1142 So. Federal Hwy  
84 City FT LAUDERDALE FL 85 Zip Code 33316

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 type for printed name of officer, director, and agent, and date if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Table with 12 rows and 2 columns for Officers and Directors. Includes fields for Title, Name, Street Address, City, State, Zip, and a Delete checkbox.

Table with 13 rows and 2 columns for Additions/Changes to Officers and Directors in 12. Includes fields for Title, Name, Street Address, City, State, Zip, and Change/Addition checkboxes.

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 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 if changed, or on an attachment with an address.

SIGNATURE: [Signature] RALPH N. OKO 2-25-97 954-764-0101  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)