

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
95 JUL 11 AM 9:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K90446** (1)

1. Corporation Name

RICH FINANCING, INC.

Principal Place of Business

**2705 NW 87 TERRACE
MIAMI FL 33147-3843**

Mailing Address

**585 E 49TH ST.
#3
HALEAH FL 33013
-US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/24/1989

3a. Date of Last Report

02/18/1994

2. Principal Place of Business

21 10220 NW 27 AVENUE

Suite, Apt., etc.
SUITE A

City & State
MIAMI, FL

Zip
33147

Country
DADE

2a. Mailing Address

26 19101 MYSTIC POINT

Suite, Apt., etc.

City & State
AVENTURA, FL

Zip
33180

Country
DADE

4. FEI Number

65-0125363

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. 189.032,
Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VARGAS, RICH
8750 N.W. 27TH AVE.
MIAMI FL 33147**

81 Name **VARGAS, Richard**

82 Street Address (P.O. Box Number is Not Acceptable)
19101 MYSTIC POINT

83
84 City **AVENTURA**

FL

85 Zip Code
33180

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

6/09/95

12. OFFICERS AND DIRECTORS

TITLE **PVS**
NAME **VARGAS, RICH**
STREET ADDRESS **8750 NW 27 AVE.**
CITY - ST - ZIP **MIAMI FL**

TITLE **TD**
NAME **VARGAS, RICH**
STREET ADDRESS **8750 NW 27 AVE.**
CITY - ST - ZIP **MIAMI FL**

TITLE **S**
NAME **VARGAS, ROSEMARIE**
STREET ADDRESS **8833 NW. 150 ST.**
CITY - ST - ZIP **MIAMI LAKES FL 33016**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **PVS**
12 NAME **VARGAS, RICHARD**
13 STREET ADDRESS **19101 MYSTIC POINT**
14 CITY - ST - ZIP **AVENTURA, FL 33180**

21 TITLE **TD**
22 NAME **VARGAS, RICHARD**
23 STREET ADDRESS **19101 MYSTIC POINT**
24 CITY - ST - ZIP **AVENTURA, FL 33180**

31 TITLE
32 NAME **OMIT**
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

☒ Change ☐ Addition

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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 110.07(3)(b), 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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(Anytime After 5)

6/29/95 **691-4181**