

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



APPROVED AND FILED

30 MAY 1995 11 08:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L91935** (1)
1. Corporation Name
RIPLEY'S LAWCARE, INC.

Principal Place of Business Mailing Address
10105 N.W. 9TH ST #206 MIAMI FL 33172 US **10105 N.W. 9TH ST. #206 MIAMI FL 33172 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2b. Mailing Address
21 Suite, Apt #, etc. 26 Suite, Apt #, etc.
22 City & State 27 City & State
23 Zip 28 Zip

3. Date Incorporated or Qualified **08/03/1990** 3a. Date of Last Report **08/02/1994**
4. FEI Number **65-0199135** 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 § 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**RODRIGUEZ, CRISTINO
10105 N.W. 9TH ST.
#206
MIAMI FL 33172**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607 (F03) and 607 (F04) 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 (F04), Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	RODRIGUEZ, CRISTINO
STREET ADDRESS	10105 N.W. 9TH ST., SUITE #206
CITY, ST., ZIP	MIAMI FL
TITLE	VPSD
NAME	TUNON, SILVIA M.
STREET ADDRESS	3948 S.W. 133 COURT
CITY, ST., ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST., ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST., ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST., ZIP	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. NAME	
1. STREET ADDRESS	
1. CITY, ST., ZIP	
2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
2. STREET ADDRESS	
2. CITY, ST., ZIP	
3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. NAME	
3. STREET ADDRESS	
3. CITY, ST., ZIP	
4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME	
4. STREET ADDRESS	
4. CITY, ST., ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME	
5. STREET ADDRESS	
5. CITY, ST., ZIP	
6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
6. STREET ADDRESS	
6. CITY, ST., ZIP	

14. I do hereby certify that the information supplied with this form is voluntary, furnished and verified, and that I am not qualified for the exemption stated in Section 119 (02)(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 that my name or position is authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 in respect to an attachment with an address.

SIGNATURE: *X. Cristino Rodriguez*
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD MEMBER OR DIRECTOR

8-09-95 305-225-2625