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

**PROFIT** CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #
1. Corporation Name

M37315

(2)

REFRI	isa intei	RNA	TIONAL, INC.								
Principal Place	of Business	;		Mailing Address							
4941 SW 141ST AVE MIAMI FL 33175				4941 SW 141ST AVE MIAMI FL 33175							
										3. Date Incorporated or Qualified 3a. Date of Last Report	
				<b>.</b>						08/25/1986 05/01/1995	$\rfloor$
2. Principal Place of Business				2a. Mailing Address						4. FEt Number Applied For	
21				26					<b>59-2715175</b> Not Applicable	,	
22 Suite, Apt.	Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired \$8.75 Additional Fee Required	
City & State				City & State						6. Election Campaign Financing \$5.00 May Ro	$\dashv$
23					28					Trust Fund Contribution Added to Fees	
Zip			Country		Zip		ountry	7		8. This corporation has liability for intangible tax under s 199.032,	٦
24		25		29		30				Florida Statutes	
	9. Name	and	Address of Current	t Registered Agent				10. Name and Address of New Registered Agent		10. Name and Address of New Registered Agent	$\Box$
							81	'	Name		
	LOS, HERN		00				82	3	Street Addres	iss (P.O. Box Number is Not Acceptable)	┪
	W 141ST A	WE					83	╀			
MAMI	FL 33175										
							84	١ (	City	FL 85 Zip Code	
or register familiar wi	red agent, or th, and acce	both pt the	of Sections 607,0502 a , in the State of Florida e obligations of, Section and name of registered agent an	. Such n 607.	i change was authorize 0505, Florida Statutes.	ed by th	e corp	ora	ation's board	tion submits this statement for the purpose of changing its registered office of directors. I hereby accept the appointment as registered agent. I am	ē
12.	Signature, typed	or prin	oFFICERS AND	ditte if a DIREC	applicable. (NO)		red Ager 3.	nt sig	nature required w	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	4
TITLE	PST		OT TOLINO AIRD	DII ILC	DELETE		1 TITLE			Change Addition	$\dashv$
NAME		201	HERNANDO, SR.				NAME				
STREET ADDRESS			41ST AVE			- 6	STREET	T ADI	DRESS	•	ļ
CITY-ST-ZIP	MIAMI		1701 7.16			1.4	I CITY-S	ST - Z	'IP		- 1
TITLE	D				DELETE		1 TITLE	-		Change Addition	7
NAME	CEVAL	LOS	HERNANDO, SR.			2 :	NAME			·	
STREET ADDRESS					7			2 3 STREET ADDRESS			
CITY-ST-ZIP	MAMI	FL				2	CITY-S	ST-Z	1P		
THILE	٧D				☐ DELETE	3.	1 TITLE			☐ Change ☐ Addition	٦
NAME			SALVADOR, RODR	ı		3 2	NAME				
STREET ADDRESS	HURTA					3.3	B. STREE	1 AD	DRESS		
CITY-ST-ZIP		(QUI	L, ECUADOR		D 55: 57:		CITY-S	ST - Z	IP .		╛
TITLE	PD				☐ DELETE		1 TITLE			Change Addition	
NAME	JERVIS						NAME				
STREET ADDRESS	HURTA						STREET		1		
CHY-ST-ZIP TITLE	GUAYA	QUI	L, ECUADOR		DELETE		CITY - S	ST - Z	IP	Character Character Character	-
NAME					□ perc+c		1 TITLE			Change Addition	-
STREET ADDRESS							NAME	r anz	oncee		
CITY-ST-ZIP							STREET		i		
TITLE	<del> </del>				DELETE		CITY - S 1 TITLE	21 - Z	ır -	Change Addition	$\dashv$
NAME							NAME			L'1 cumièr 🔲 vontion	
STREET ADDRESS						- 8	STREET	[ ADT	ORESS		
CITY-ST-ZIP						•	CITY-S			•	

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 119.07(3)(k), 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:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR