

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 27 PM 3: 07

DOCUMENT # **M42241** (3)

1. Corporation Name
RIDGEPOINT, INC.

Principal Place of Business: **C/O CORPORATION COMPANY OF MIAMI
1500 EDWARD BALL BLDG. 100 CHOPIN PLAZA
MIAMI FL 33131**

Maining Address: **C/O CORPORATION COMPANY OF MIAMI
1500 EDWARD BALL BLDG. 100 CHOPIN PLAZA
MIAMI FL 33131**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/24/1986** 3a. Date of Last Report: **03/16/1994**

4. FBI Number: **59-2836667** Applied For: Not Applicable:

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

6. Election Campaign Financing Trust Fund Contributions: **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 193.012, Florida Statutes: Yes No

2. Principal Place of Business: **201 S. Biscayne Blvd.** 2a. Mailing Address: **201 S. Biscayne Blvd.**

22. Suite, Apt. #, etc.: **1600 Miami Center** 27. Suite, Apt. #, etc.: **1600 Miami Center**

23. City & State: **Miami, FL** 28. City & State: **Miami, FL**

24. Zip: **33131** 25. Country: **USA** 29. Zip: **33131** 30. Country: **USA**

9. Name and Address of Current Registered Agent: **CORPORATION COMPANY OF MIAMI
1500 EDWARD BALL BLDG
100 CHOPIN PLAZA
MIAMI FL 33131**

10. Name and Address of New Registered Agent:

81. Name: **SAME**

82. Street Address (P.O. Box Number is Not Acceptable): **201 S. Biscayne Blvd.**

83. **1600 Miami Center**

84. City: **Miami** FL 85. Zip Code: **33131**

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LISBOA, JOSE F	12. NAME	
STREET ADDRESS	CASA DA QUINTA, 8.135 VALE DE LOBO	13. STREET ADDRESS	
CITY-ST-ZIP	PORTUGAL	14. CITY-ST-ZIP	Portugal
TITLE		21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY-ST-ZIP		24. CITY-ST-ZIP	
TITLE		31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY-ST-ZIP		34. CITY-ST-ZIP	
TITLE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY-ST-ZIP		44. CITY-ST-ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-ST-ZIP		54. CITY-ST-ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-ST-ZIP		64. CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and checked equally for the completeness of the information. I hereby 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 any officer or director of the corporation or the receiver or trustee appointed in connection with this report as required by Chapter 401, Florida Statutes, and that any change appears in Block 12 or Block 13 is changed, or on an attachment with an addendum.

SIGNATURE: *Jose F. Lisboa* **Jose F. Lisboa**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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