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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
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 <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contributions <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 193.002, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 201 S. Biscayne Blvd.	2a. Mailing Address 26 201 S. Biscayne Blvd.
22 1600 Miami Center Suite, Apt. #, etc.	27 1600 Miami Center Suite, Apt. #, etc.
23 Miami, FL City & State	28 Miami, FL City & State
24 33131 Zip	25 USA Country
29 33131 Zip	30 USA Country

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

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If Change or Addition)	
TITLE	PD LISBOA, JOSE F	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASA DA QUINTA, 8.135 VALE DE LOBO	12 NAME	
STREET ADDRESS	PORTUGAL	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 empowered to file into this report as required by Chapter 400, Florida Statutes, and that any change appears in Block 12 or Block 13 (if changed) or on an attachment with an address.

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

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