

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P01809** (3)

1. Corporation Name  
**WHITECRAFT RATTAN, INC.**



Principal Place of Business: **7350 NW MIAMI COURT MIAMI FL 33150**  
Mailing Address: **7350 NW MIAMI COURT MIAMI FL 33150**

3. Date Incorporated or Qualified <b>04/27/1984</b>	3a. Date of Last Report <b>03/08/1995</b>
4. FEI Number <b>59-2403560</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

9. Name and Address of Current Registered Agent <b>FRAGA, MANUEL, JR. 7350 NW MIAMI COURT MIAMI FL 33138</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <b>FL</b>
---	---

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable. (Do not sign as agent signature if you are not a shareholder.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>TS</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FRAGA, MANUEL, JR.</b>	1.2 NAME	
STREET ADDRESS	<b>7350 NW MIAMI COURT</b>	1.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>MIAMI FL</b>	1.4 CITY-STATE-ZIP	
TITLE	<b>D</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DIZON, MANUEL A.</b>	2.2 NAME	
STREET ADDRESS	<b>7350 NW MIAMI COURT</b>	2.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>MIAMI FL</b>	2.4 CITY-STATE-ZIP	
TITLE	<b>D</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BANSON, LUIS T</b>	3.2 NAME	
STREET ADDRESS	<b>7350 NW MIAMI COURT</b>	3.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>MIAMI FL</b>	3.4 CITY-STATE-ZIP	
TITLE	<b>D</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCLAUGHLIN, GEORGE</b>	4.2 NAME	
STREET ADDRESS	<b>7350 NW MIAMI COURT</b>	4.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>MIAMI FL</b>	4.4 CITY-STATE-ZIP	
TITLE	<b>P</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SOLMON, PERRY S.</b>	5.2 NAME	
STREET ADDRESS	<b>7350 NW MIAMI CT</b>	5.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>MIAMI FL</b>	5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

I 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 the hand of 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 is not on 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: *[Signature]* **3/1/96** **305-757-3407**  
Date: Daytime Phone #

CR2E034 (12/95)