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PROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9200007338 (6)

B.H. RICE, INC.

Principal Place of Business

Mailing Address

17300 NW 87TH AVE HIALEAH FL 33015-3516 17300 NW B7TH AVE HIALEAH FL 33015-3516

FILED Apr 09 1997 8:00am Secretary of State



					1		
					3. Date Incorporated or Qualified 11/23/1992	3a. Date of Last 07/02/1990	•
2. Principal Place of Business		2a. Mailing Address			4. FEI Number		Applied For
21		26		65-0371595		Not Applicable	
Suite, Apt	#. etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		5 Additional
22		27			G. Cartificate of States Desired	Fee	Required
City & State	3	City & State			6. Election Campaign Financing	\$5.0	0 May Be
23		28]			Trust Fund Contribution	Adde	d to Fees
Zφ	Country	Zip	Countr	У	8. This corporation has liability for		r s. 199.032,
24	25		30			Yes 🗹 No	
	9. Name and Address of Curr	rent Registered Agent			10. Name and Address of New R	egistered Agent	
	E, BUD H		81	Name			
17300 NW 87 AVE SUITE 3550				82 Street Address (P.O. Box Number is Not Acceptable)			
				Street Address (F.O. Dox Number is Not Acceptable)			
	EAH FL 33015		83	7			
			L	<u> </u>			
			84	City		FI 85 Z	ip Code
11. Pursuant I	to the provisions of Sections 607.0	502 and 607, 1508, Florida Statute	s, the above	ve-named co	orporation submits this statement for the	purpose of changing	g its registered
SIGNATURE					ration's board of directors. I hereby acce		
	Signature, type tion printed name of regimence			geni signature re-	quired when reinstaling) ADDITIONS/CHANGES TO OFF	DATE	000 111 10
12.	OFFICERS	AND DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFF	Chang	
3111.6	•	ET DETELE	1 1 TITLE			FT CHAIL	te [] vacition
NAMŁ	RICE, BUD H		1.2 NAME)			
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4. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is five and accurate and that my signature shall have the same legal effect as if made under oath; that are no officer or director of the corporation or the receiver or trustee impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address.

SIGNATURE:

SOLATION AND TYPE OF DRIVE OF SHADE OF SHADEN OF SHEET OF DISECTOR

4/2/97 305.558-661

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