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FILED  
May 08 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P93000034460 (4)

1. Corporation Name  
MARK RICE RICHARDS, INC.



Principal Place of Business

2200 NW 102 AVE  
BLDG 3  
MIAMI FL 33172  
US

Mailing Address

2200 NW 102 AVE  
BLDG 3  
MIAMI FL 33172-2225  
US

2. Principal Place of Business

21 7945 S.W. 57 Ave

Suite, Apt. #, etc.

22 Suite 51C

City & State

23 Miami FL

Zip

24 33143

Country

25 USA

2a. Mailing Address

26 7945 S.W. 57 Ave

Suite, Apt. #, etc.

27 Suite 51C

City & State

28 Miami FL

Zip

29 33143

Country

30 USA

3. Date Incorporated or Qualified  
05/10/1993

3a. Date of Last Report  
04/15/1996

4. FCI Number  
65-0410664

Applied For  
Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

RICHARDS, MARK R  
7559 NW 70 ST  
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name Mark R. Richards  
82 Street Address (P.O. Box Number is Not Acceptable) 7945 S.W. 57 Ave  
83 Suite 51C  
84 City Miami FL 85 Zip Code 33143

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

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when re-instating)

DATE

4/8/97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D RICHARDS, MARK R  
STREET ADDRESS 2200 NW 102 BLDG 3  
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS 7945 S.W. 57 Ave # 51C  
1.4 CITY-ST-ZIP Miami FL 33143

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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 in an attachment with an address.

SIGNATURE:

Signature, typed or printed name of registered agent and title (if applicable)

4/8/97 3256636079

CR2E034 (9/96)