


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000043501 (4)**

1. Corporation Name
CHARLES R. RICARDS & ASSOCIATES, INC.



Principal Place of Business 1433 SW 1ST AVENUE APT. 202 FT LAUDERDALE FL 33315 US	Mailing Address P.O. BOX 350006 FORT LAUDERDALE FL 33335-0006 US
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3. Date Incorporated or Qualified 06/15/1993	3a. Date of Last Report 06/05/1996
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2. Principal Place of Business 21 1417 SW 1ST AVENUE	2a. Mailing Address 26	4. FEI Number 65-0416479	Applied For Not Applicable
Suite, Apt. #, etc. 22 "NO APT NUMBER"	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 30

9. Name and Address of Current Registered Agent RICARDS, CHARLES R 1700 SE 15TH STREET APT. 109 FT LAUDERDALE FL 33316	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 *Charles Robert Ricards* **CHARLES ROBERT RICARDS** **PRESIDENT** **4/19/97** DATE

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RICARDS, CHARLES R		1.2 NAME	
STREET ADDRESS 1700 SE 15TH ST, APT 109		1.3 STREET ADDRESS	
CITY-ST-ZIP FT. LAUDERDALE FL		1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME RICARDS, MARILENE	
STREET ADDRESS		2.3 STREET ADDRESS 1700 SE 15TH ST, APT #109	
CITY-ST-ZIP		2.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33316	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME LABRADOR, ADRIMARTA	
STREET ADDRESS		3.3 STREET ADDRESS 1600 SE 15TH ST, APT #304	
CITY-ST-ZIP		3.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33316	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME OLIVEIRA, ALEXSANDRO	
STREET ADDRESS		4.3 STREET ADDRESS 1600 SE 15TH ST, APT #304	
CITY-ST-ZIP		4.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33316	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 on an Attachment with an address.

SIGNATURE: *Charles Robert Ricards* **CHARLES ROBERT RICARDS** **PRESIDENT** **4/19/97** (954) 463-3433 DATE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)