

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P93000076644 (2)
1. Corporation Name
J. RAPONE, INC.

APPROVED
AND
FILED

95 APR 24 AM 7:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
330 SE 20TH AVE.
#418
DEERFIELD BEACH FL 33441

Mailing Address
330 SE 20TH AVE.
#418
DEERFIELD BEACH FL 33441

DO NOT WRITE IN THIS SPACE.

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

3. Date Incorporated or Qualified
10/28/1993

3a. Date of Last Report
04/19/1994

4. FEI Number
65-0444294

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
RAPONE, RICCARDO
330 SE 20TH AVE.
#418
DEERFIELD BEACH FL 33441

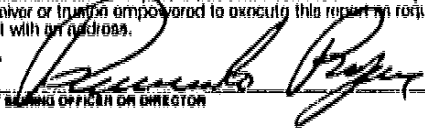
10. Name and Address of New Registered Agent
81 Name
RAPONE RICCARDO
82 Street Address (P.O. Box Number Is Not Acceptable)
330 SE 20 AVE # 213
83
84 City
DEERFIELD BEACH FL 85 Zip Code
33441

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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	DP
NAME	RAPONE, RICCARDO	1.2 NAME	RAPONE RICCARDO
STREET ADDRESS	330 SE 20TH AVE., #418	1.3 STREET ADDRESS	330 SE 20 AVE # 213
CITY - ST - ZIP	DEERFIELD BEACH FL	1.4 CITY - ST - ZIP	DEERFIELD BCH FL 33441
TITLE	OV	2.1 TITLE	OV
NAME	RAPONE, JACQUELINE	2.2 NAME	RAPONE JACQUELINE
STREET ADDRESS	330 SE 20 AVE, STE 418	2.3 STREET ADDRESS	330 SE 20 AVE # 213
CITY - ST - ZIP	DEERFIELD BCH FL	2.4 CITY - ST - ZIP	DEERFIELD/BCH FL 33441
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 oath; that I am an officer or director of this 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: RICCARDO RAPONE  4/19/95 305-421-9229
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR