

FILE NOW, FILING FEE AFTER JAN 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000014440  
1. Corporation Name

RARE FIND INVESTMENTS, INC.

Principal Place of Business Mailing Address

12946 VALLEY HEART DRIVE,  
#215  
STUDIO CITY, CA 91604

18999 BISCAYNE BLVD,  
SUITE 205  
NORTH MIAMI BEACH, FL 33180

FILED

97 JAN 27 PM 1:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT *96*

|                                                                                                                                                       |                                                                                                                                            |                                                                                                                                                                |                                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| 2. Principal Place of Business<br>21 12946 VALLEY HEART DR.<br>Suite, Apt. #, etc.<br>22 215<br>City & State<br>23 STUDIO CITY, CA 91604<br>Zip<br>24 | 2a. Mailing Address<br>26 18999 BISCAYNE BLVD<br>Suite, Apt. #, etc.<br>27 205<br>City & State<br>28 N. MIAMI BEACH, FL 33180<br>Zip<br>29 | 4. FEI Number<br>65-0468402<br>Applied For<br>Not Applied                                                                                                      | 5. Certificate of Status Desired<br><input type="checkbox"/> \$8.75 Additional Fee Required |
| 3. Date Incorporated or Qualified<br>2/22/94                                                                                                          |                                                                                                                                            | 3a. Date of Last Report                                                                                                                                        |                                                                                             |
| 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/> \$5.00 May Be Added to Fees                                     |                                                                                                                                            | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                                                                             |

|                                                                 |                                                                                                                                                                                                                      |
|-----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 9. Name and Address of Current Registered Agent<br>RONDA BARONE | 10. Name and Address of New Registered Agent<br>81 Name RONDA BARONE<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>18999 BISCAYNE BLVD, SUITE 205<br>83<br>84 City N. MIAMI BEACH FL 85 Zip Code 33180 |
|-----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 *Ronda Barone* DATE *12/27/96*  
(NOTE: Registered Agent signature required when reinstating)

|                                                |                                                                                                                             |                                                                |                                                                                                                                        |
|------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| 12. OFFICERS AND DIRECTORS                     |                                                                                                                             | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12          |                                                                                                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PRESIDENT/DIRECTOR <input type="checkbox"/> DELETE<br>RONDA BARONE<br>12946 VALLEY HEART DR., #215<br>STUDIO CITY, CA 91604 | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>0000002073140-2<br>-01/29/97--01096--009<br>****225.00 ****225.00 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> DELETE                                                                                             | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>0000002073140-2<br>-01/29/97--01096--010<br>****158.75 ****158.75 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> DELETE                                                                                             | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> DELETE                                                                                             | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> DELETE                                                                                             | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> DELETE                                                                                             | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                      |

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 119.07(3)(k), Florida Statutes; 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 a 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Ronda Barone* DATE *12/27/96*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR