FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996

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

DOCUMENT # **P94000050428 (9)**

1. Corporation Name

RF PARTNERS CORP.

Principal Place of Business

848 BRICKELL AVENUE
SUITE 810
MIAMI FL 33131

Mailing Address

848 BRICKELL AVENUE
SUITE 810
MIAMI FL 33131

3. Date Incorporated or Qualified: **07/01/1994**
3a. Date of Last Report: **03/16/1995**

4. FEI Number: **65-0509909** ☐ 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

2. Principal Place of Business (21, 22, 23, 24, 25)

2a. Mailing Address (26, 27, 28, 29, 30)

9. Name and Address of Current Registered Agent

LAURIA, RUFINO
848 BRICKELL AVENUE
SUITE 810
MIAMI FL 33131

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

11. Pursuant to the provisions of Section 617.0502 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 _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE D NAME LAURIA, RUFINO STREET ADDRESS 848 BRICKELL AVENUE SUITE 810 CITY-ST-ZIP MIAMI FL 33131	☐ DELETE	
TITLE D NAME LAURIA, FERNANDO A STREET ADDRESS 848 BRICKELL AVENUE SUITE 810 CITY-ST-ZIP MIAMI FL 33131	☐ DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE 1 NAME 1 STREET ADDRESS 1 CITY-ST-ZIP	☐ Change	☐ Addition
2 TITLE 2 NAME 2 STREET ADDRESS 2 CITY-ST-ZIP	☐ Change	☐ Addition
3 TITLE 3 NAME 3 STREET ADDRESS 3 CITY-ST-ZIP	☐ Change	☐ Addition
4 TITLE 4 NAME 4 STREET ADDRESS 4 CITY-ST-ZIP	☐ Change	☐ Addition
5 TITLE 5 NAME 5 STREET ADDRESS 5 CITY-ST-ZIP	☐ Change	☐ Addition
6 TITLE 6 NAME 6 STREET ADDRESS 6 CITY-ST-ZIP	☐ Change	☐ Addition

14. I do hereby certify that the information supplied with this filing is true and accurate and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 added, or filing with an address.

SIGNATURE: _____ 03/11/96 (305)9398356
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone Number

CR2E034 (12/95)