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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Jan 29 1997 8:00am Secretary of State

1997

DOCUMENT # P94000050428 (9)

RF PARTNERS CORP. Principal Place of Business Mailing Address 848 BRICKELL AVENUE 848 BRICKELL AVENUE SUITE 810 SUITE 810 MIAMI FL 33131-2943 MIAMI FL 33131 3. Date Incorporated or Qualified 3a. Date of Last Report 07/01/1994 03/18/1996 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Applied For 65-0509909 Not Applicable Suite Apt. # etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Country

25 29 3>4
9. Name and Address of Current Registered Agent
LAURIA, RUFINO
848 BRICKELL AVENUE
SUITE 810
MIAMI FL 33131

Stry S4	(ارم لين	8. This corporation has lia Florida Statutes	ability for intangible tax under s. 199.03	32,
		10, Name and Address o	New Registered Agent	
81	Name	***************************************		***************************************
82	Street Address (P.O. Box Number is Not Acceptable)			
83				
84	Cety		es Zin Coda	

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 it am familiar with, and accept the obligations of Section 607,0505, Florida Statutes.

SIGNATURE Signature: typed or ported name of registered agent and tink if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13, DELETE TITLE 11 TITLE Change Addition LAURIA, RUFINO NAMI 1.2 NAME 848 BRICKELL AVENUE SUITE 810 STREET ADORESS 1.3 STREET ADDRESS MIAMI FL 33131 COTY ST-ZIF 1.4 CITY - ST - ZIP DELETE Tillet 2.1 TITLE Change ___ Addition LAURIA, FERNANDO A NAM 2.2 NAME 848 BRICKELL AVENUE SUITE 810 STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL 33131 CITY ST- ZIP 2.4 CITY-ST-ZIP DELETE - Addition TITLE 3.1 TITLE Change NAM 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CHT-ST-ZII 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change ___ Addition 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 011Y - ST - ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS City - ST - ZiP 5.4 CITY-ST-ZIP DELETE 1111F 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CHTY-ST-7/P 6.4 City - ST - 7IP

14. I do hereby certify that the information supplied with this filling 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 chapter or on an attachment with an address.

SIGNATURE:

SIGNATURE THE UNWINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/21/97

954 491-517-9