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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

	Secretary of State 996 DIVISION OF CORPORATIONS												
DOCUMENT # P94000055673 1. Corporation Name RICHARD'S ENTERPRISES, INC.													
		ŕ											
Principal Place of Business Mailing Address													
4995	NW 72 Ave	enue. Sui	te 201										
Miami, Florida 33166								3. Date Incorporated or C	valified	3a. Date 0	71/95	eport	
2. Principal Pla 21	ce of Business		28. Mailing Address 26					4. FEt Number 65-0507855				Applied For Not Applicable	
Suite, Apt. #	, etc.	;	Suite, Apt. #, etc.					5. Certificate of Status Desireo S8.75 Additional Fee Regulred					
City & State			Orty & State					6. Election Campaign Fina Trust Fund Contribution	_		\$5.0	O May Be d to Fees	
Zip •	Zip • Country			Zip Country				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes 🗶 Yes 📋 No					
	9. Name and Add	dress of Current Re	gistered Agent		Ĺ.,			10. Name and Address (New R	egistered Aç	ent		
DIAZ L	UIS A.				81	Name							
								(P.O. Box Number is Not a	Acceptab	k)			
Miami, Florida 33166													
					84	City				FL	85 Zi	p Code	
								on submits this statement for directors. I hereby accept					
familiar with	n, and accept the obl	igations of, Section f	07.0505, Florida St	tatutes.	UU. P	5,5,10,7,5,2		or direction in the cost decop-	то орр	, innovitud to	9.0.0.00	agom rum	
SIGNATURE	Signature, typed or printed na	nue of registered agent and t	tie if applicable	(NOTE: Flagistered	Agor	nt signature reg	gured w	nen reinstatingi		DATE			
12.		OFFICERS AND DI		13.				ADDITIONS/CHANGES	TO OFFI		RECTO	PRS IN 12	
TOLE P	DIAZ LUI		☐ DELET	E 111	ITLE						Change	☐ Addit∙on	
NAME	79.06 W. 29th Lane # 101												
STREET ADDRESS	Hialeah, Florida 33016				1.3 STREET ADDRESS 1.4 City-St-Zip								
CITY-ST-ZIP TITLE S/T	TEAN DIC		[] DELET			51 - ZIP					Change	Addition	
NAME 5/1	LEON RICARDO -				AME						•		
STREET ADDRESS						ADDRESS							
						ST - ZIP							
TULE	☐ DELETE				3 1 THILE						Change	Addition	
NAME				32 N									
STREET ADDRESS CITY+ST-ZIP						T ADDRESS							
11TLE			DELET			or - cir					Change	Addition	
NAME				4 2 N	AME							_	
STREET ADDRESS				438	CHEET	ADDRESS							
CITY-ST-ZIP					ITY-S	11 - ZIP			1>e	1366	4		
TITLE			DELET		5 1 THILE			10000 -04/25/96	กากั	17059	Ot lange	☐ Addition	
NAME PROSEL ADDROCCE					5 2 NAME 5 3 STREET ADDRESS			***200.00	a /	_, ~~			
STREET ADDRESS						AUDRESS 31-ZIP							
CITY+ST+ZIP TITLE			☐ DELET		_	- ZIF					Change	Addition	
NAME				62 N						_	-	_	
STREET ADDRESS						ADDRESS							
CITY-ST-ZIP						IT-ZIP							
14. I do hereby	certify that the inform	nation supplied with	this filing is voluntar	ily furnished and	doe	s not quali	ify for t	he exemption stated in Sec	tion 119.	07(3)(k), Floric	la Statu	tes. I further	

contributed the information supplied with this hing is voluntarily furnished and does not quality for the exemption stated in Section 119.07(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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

|GNATURE: | Signature and trypeo or phintername of signing officer or bracetor. | Deptine Phone | De

SIGNATURE: X