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 # P94000076934

1. Corporation Name
RUFFTOWN ENTERPRISES, INC.

Principal Place of Business
69-A NW 53RD Street
Miami, FL. 33127

Mailing Address

3. Date Incorporated or Qualified: 10-19-94
3a. Date of Last Report:

2. Principal Place of Business
[21] 69-A NW 53rd St.
Suite, Apt. #, etc. [22]
City & State [23] Miami, FL.
Zip [24] 33127 Country [25] USA

2a. Mailing Address [26]
Suite, Apt. #, etc. [27]
City & State [28]
Zip [29] Country [30]

4. FEI Number: 65-0497416 [ ] 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 [X] Yes [ ] No

9. Name and Address of Current Registered Agent

JACKIE CHARLES
69-A NW 53RD STREET
MIAMI, FL. 33127

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 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 ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C.E.O. [ ] DELETE	1.1 TITLE	[ ] Change [ ] Addition
NAME	GERARD CHARLES	1.2 NAME	
STREET ADDRESS	69 NW 53 ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL. 33127	1.4 CITY-ST-ZIP	
TITLE	PRES. [ ] DELETE	2.1 TITLE	[ ] Change [ ] Addition
NAME	JACKIE CHARLES	2.2 NAME	
STREET ADDRESS	69 NW 53 ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL. 33127	2.4 CITY-ST-ZIP	
TITLE	[ ] DELETE	3.1 TITLE	[ ] Change [ ] Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	[ ] DELETE	4.1 TITLE	[ ] Change [ ] Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	900001727249 -02/28/96--01103--003 ***200.00
TITLE	[ ] DELETE	5.1 TITLE	[ ] Change [ ] Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	[ ] DELETE	6.1 TITLE	[ ] Change [ ] Addition
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 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 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 on an attachment with an address.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/96 Date
(305) 757-8943 Daytime Phone #

CS 2-28-96

CR2E034 (12/95)