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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000036182 (0)

RINA & ASSOCIATES, INC.

Principal Place of Business	Mailing Address		(LOBINOEN IND HONDI SENT ORAN BONN DON	I QOTRO HIND DINDI HEDDI IRHBU HUDI HEDD
19711 NW 88 AVE. MIAMI FL 33015	P.O. BOX 822806 SOUTH FLORIDA FL 33082-2806			
			3. Date Incorporated or Qualified 05/08/1995	3a. Date of Last Report 08/07/1996
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		65-0586479	Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 25	Zip 29	Country 30	8. This corporation has liability for	
9. Name and Address of Current		1001	10. Name and Address of New Re	
POLACK, RINA S		61 Name		
19711 NW 88 AVE. MIAMI FL 33015			dress (P.O. Box Number is Not Acceptal	ole)
		63		
		84 City		FL 85 Zip Code
 Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of agent. Lam familiar with, and accept the obligation 	and 607.1508, Florida State of Florida, Such change was ions of Section 607.0505, F	utes, the above-named co authorized by the corpor forida Statutes.	orporation submits this statement for the particular acceptation and submits board of directors. I hereby acceptation acceptat	purpose of changing its registered of the appointment as registered
SIGNATURE	,	1		
Sign if the, typicd or purited name of registered agen	and tilk-if applicable (NC	OTE: Registered Agent signature req	quired when re-instating)	DATE
12. OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12
TILE	☐ DELETE	1.1 TITLE	W/T/5/10/C/M	Change Addition
NAME POLACK, RINA S		1.2 NAME	Sanchez RINA	
STREET ADDRESS 15820 S.W. 140TH CT.		1.3 STREET ADDRESS	Sanchez RINA 19711 N.W. 88th Avenu	e
011Y-S1-20		1.4 CITY - ST - ZIP	MIAMI, FL 33018	
TITLE	DELETE	2.1 THTLE	•	Change Addition
NAME		2.2 NAME		
STREET ADORESS		2.3 STREET ADDRESS		•
CITY: ST-ZIP		2. 4 CITY - ST - ZIP		
TATLE	DELETE	3.1 TITLE	*o ,	Change Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
City: \$1-2iF		3.4. CITY-ST-ZIP		
TITLE	☐ DELETE	4.1 TITLE		Change Addition
NAME		4. 2 NAME		•
STREET ALDRESS		4.3 STREET ADDRESS		
CHY+ST-7IP	[T] Kei e	4.4 CITY-S1-ZIP		
TILE	DEFELE	5.1 TITLE		Change Addition
NAME:		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CTY - ST - ZIP	DELETE	5.4 CITY - \$T - ZiP		
THEE	☐ DELETE	6.1 TITLE		Change Addition
NAME		6.2 NAME		
STREEL ADDRESS		6.3 STREET ADDRESS		
Crix SE ZIP 14. I do hereby certify that the information supplied	with this bling does not account	6.4 CiTY-ST-ZIP	ed in Contine 110 07/2V/). Florida 21-1	a I feethar and he shall at a
information indicated on this annual report or su Larn an officer or director of the corporation or t	uniemeniai annuai renort is	true and accurate and the	at my signature shall have the same legs	Leffect as if made under noth that

SIGNATURE:

Sie Strelle

RINA Sanchez

4/9/97 (305)829 7735

FILED

Apr 21 1997 8:00am

Secretary of State