

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

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**Jul 22 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # P95000058603 (8)**

1. Corporation Name  
**T B R MARKETING, INC.**



Principal Place of Business  
**9809 N.W. 80TH AVENUE  
BAY #9U  
HIALEAH GARDENS FL 33016**

Mailing Address  
**9809 N.W. 80TH AVENUE  
BAY #9U  
HIALEAH GARDENS FL 33016-2333**

3. Date Incorporated or Qualified **07/26/1995** 3a. Date of Last Report **05/24/1996**

2. Principal Place of Business  
21 **2736 W. 77th Place** 2a. Mailing Address  
26 **2736 W. 77th Place**  
Suite, Apt. #, etc.

4. FEI Number **65-0603355** Applied For Not Applicable

22 City & State  
23 **Hialeah, FL** 27 City & State  
28 **Hialeah, FL**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

24 **33016** 25 **USA** 29 **33016** 30 **USA**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

9. Name and Address of Current Registered Agent  
**RAFFA, THOMAS  
9809 N.W. 80TH AVENUE  
BAY #9U  
HIALEAH GARDENS FL 33016**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

10. Name and Address of New Registered Agent  
B1 Name **RAFFA, THOMAS**  
B2 Street Address (P.O. Box Number is Not Acceptable) **2736 W. 77th Place**  
B3  
B4 City **Hialeah** FL B5 Zip Code **33016**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	<b>P RAFFA, THOMAS M</b>	<input type="checkbox"/> DELETE
NAME	<b>9809 NW 80TH AVE #9U</b>	
STREET ADDRESS	<b>MIAMI FL</b>	
CITY-ST-ZIP		
TITLE	<b>VP RAFFA, ROBERT B</b>	<input type="checkbox"/> DELETE
NAME	<b>9809 NW 80TH AVE #9U</b>	
STREET ADDRESS	<b>MIAMI FL</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	<b>P RAFFA THOMAS M.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>14610 Bull Run Rd. #238</b>	
1.3 STREET ADDRESS	<b>Miami, Lakes, Florida 33014</b>	
1.4 CITY-ST-ZIP		
2.1 TITLE	<b>VP RAFFA, ROBERT B.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>6950 NW 185th St.</b>	
2.3 STREET ADDRESS	<b>Miami, FL 33015</b>	
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 \_\_\_\_\_

CR2E034 (9/96)