FILE NOW: FILING FEE	AFTER MAY 1 18	APPROVED AND		
PROFIT CORPORATION ANNUAL REPORT	Sandra Secreta	RIMENT OF STATE B. Mortham ary of State	FILED 1997 SEP 30 PM	4: 02
DOCUMENT # PUD DOCUMENT # PUD DOCUMENT # PUD DOCUMENT # PUD DOCUMENT.	15/11.11 A	CORPORATIONS	SECRETARY OF TALLAHASSEE.F	STATE LORIDA
Richards Fromoschus;				
Principal Place of Business 3809 Upland Pl. Valnico, FLOrida 335	Mailing Address P.D. Ber	× 1960		
Valnico, Florida 335	94 Valnio,	FL, 33594	3. Date Incorporated or Qualified 08-09-/995	3a. Date of Last Report 05-01-1996
2. Principal Place of Business	28. Mailing Address		4. FEI Number 59-3342044	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
2) City & State	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Z(p)	Country 30	·	Yes No
9. Name and Address of Curre		81 Name	10. Name and Address of New Re	gistered Agent
Rodniquez, Ralp 3809 Uplan Valnzo, FL	oh K. d Pl.	82 Street Add	ress (P.O. Box Number is Not Acceptat	de)
Valheo, FL	30594	84 City		FL 85 Zip Code
Pursuant to the provisions of Sections 607.056 office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig SIGNATURE	e of Florida. Such change was pations of, Section 607.0505, Fi	authorized by the corpora lorida Statutes.	tion's board of directors. I hereby accep	of the appointment as registered
Signature, typed or printed name of registered ag 12. OFFICERS AN	ID DIRECTORS	IE: Registored Agent signature requi	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
NAME Rodniquez, Ralph	DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS		ERS AND DIRECTORS IN 12 Change Addition
STREET ADDRESS 3809 Uppered 51. City-St-Zip Valnes H 335	94	1.4 City-ST-ZIP		
NAME Rodrigues, Amelia	DELETE	2.1 TITLE 2.2 NAME		☐ Change ☐ Addition
STREET ADDRESS 3809 Upland Pl. OITY-ST-21P Value, FL 33514	<i>.</i>	2 3 STREET ADDRESS 2 4 CITY-ST-ZIP	400002. 4002	3104744 797-01112-006 55.00 ***** 155.000
TITLE NAME	DELETE	31 TITLE 32 NAME 3.3 STREET ADDRESS	****1	55.00 ****155000
STREET ADDRESS CITY-ST-ZIP		3.4. CITY - ST - ZIP		
TITLE NAME.	DELETE	4.1 TITLE 4. 2 NAME		Change Addition
name Street address		4.3 STREET ADDRESS		ļ
CAY-S1-ZIP	DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
NAME	- Settin	5.2 NAME		The country of the transfer of
STREET ADDRESS		5.3 STREET ADDRESS		a d
TITLE	DELETE	5.4 CHY-ST-ZIP 6 1 TITLE		Change Addition
NAME		6.2 NAME		MOM I
STREET ADDRESS CITY-ST-ZIP		6.3 STREET ADDRESS 6.4 CITY - ST - ZIP		de
14. I do heroby certify that the information supplied information indicated on this annual report or I am an officer or director of the corporation appears in Block 12 or Block 13 if changed, or	supplemental annual report is r the receiver or trustee empor	ify for the exemption state true and accurate and tha vered to execute this repo	it my signature shall have the same lega	l effect as if made under oath; that
SIGNATURE: RAPOL	RPRINTED NAME OF SIGNING OFFICE	i `	9-03-97	8/3-689-558/



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

September 15, 1997

RICHARD'S PROMOTIONS, INC. P.O. BOX 1960 VALRICO, FL 33594

SUBJECT: RICHARD'S PROMOTIONS, INC.

Ref. Number: P95000061689

Please be advised, we have received your Annual Report; however, the document has not been filed and is being returned for the following:

The fee to file the annual report is \$165.00 plus \$385.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

An officer or director listed in block 12, block 13 or on an attachment must sign the report in block 14.

TO AVOID THE ADMINSTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO THIS OFFICE WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 487-6059.

Trevor Brumbley Document Specialist

Letter Number: 397A00045634

As I spoke over the Telephone, I am resubmitting this 97 Corporation Annual Report with the payment of \$165.00 which I will appreciate for you To reconciliate the acceptance of the payment without the penalty for giving late, due To my special circumstance I would through at the Time when this report suport to be filed on Time (I had To specif some Time of the Hospital with senies heart problems) Blease let me know If you will need my profs for your records. Thank you for your attaition To this matter.

note: I will make an anosemet with my account not to be sure this willnot happen over again now year.

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314