


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

FILED

Feb 18 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000087957 (3)**

1. Corporation Name  
**SAINT RITA CORPORATION**

Principal Place of Business  
**19540 N.E. 26TH AVE.  
NORTH MIAMI BEACH FL 33180**

Mailing Address  
**19540 N.E. 26TH AVE.  
NORTH MIAMI BEACH FL 33180-2205**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>11/15/1995</b>	3a. Date of Last Report <b>07/16/1996</b>
21		26 <b>530 S. PARK RD #1128</b>		4. FEI Number <b>65-0675096</b>	Applied For Not Applicable
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23 City & State		28 <b>HOLLYWOOD FL</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24 Zip	25 Country	29 Zip	30 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>33021</b>		<b>33021</b>	<b>BROWARD</b>		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
LAHOUD, YOUSSEF G 19550 N.E. 26TH AVE. NORTH MIAMI BEACH FL 33180		81 Name <b>FRANCOIS LAHOUD</b>	
		82 Street Address (P.O. Box Number is Not Acceptable) <b>530 S. PARK RD #1128</b>	
		83	
		84 City <b>HOLLYWOOD</b> FL 85 Zip Code <b>33021</b>	

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 *[Signature]* X **1-24-97** (NOT: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <b>LAHOUD, YOUSSEF G</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LAHOUD, YOUSSEF G</b>	1.2 NAME	
STREET ADDRESS	<b>19550 N.E. 26TH AVE.</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>NORTH MIAMI BEACH FL 33180</b>	1.4 CITY - ST - ZIP	
TITLE	V <b>LAHOUD, JOSEPH</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LAHOUD, JOSEPH</b>	2.2 NAME	
STREET ADDRESS	<b>19540 N.E. 26TH AVE.</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>NORTH MIAMI BEACH FL 33180</b>	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	<b>PRESIDENT</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>FRANCOIS LAHOUD</b>
CITY - ST - ZIP		3.4 CITY - ST - ZIP	<b>530 S. PARK RD, #1128</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	<b>HOLLYWOOD, FL 33021</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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]* X **1-24-97 (305) 919-8401**

CR2E034 (9/96)