

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

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Apr 23 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P96000009568 (2)**

1. Corporation Name  
**RICCI-VEAL CORPORATION**



Principal Place of Business <b>8000 PETERS ROAD PLANTATION FL 33324</b>	Mailing Address <b>8000 PETERS ROAD PLANTATION FL 33324-4030</b>
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2. Principal Place of Business 21 <b>500 NE 185 Street</b> Suite, Apt. #, etc. 22 City & State 23 <b>Miami FL</b> Zip 24 <b>33179</b> Country 25 <b>Dade</b>		2a. Mailing Address 26 <b>Ricci Veal Corp</b> Suite, Apt. #, etc. 27 <b>500 NE 185 Street</b> City & State 28 <b>Miami FL</b> Zip 29 <b>33179</b> Country 30 <b>Dade</b>		3. Date Incorporated or Qualified <b>01/30/1996</b>	3a. Date of Last Report <b>1/30/96</b>
		4. FEI Number <b>65-664-8945</b>		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>WEINBERG, STEVEN A 8000 PETERS ROAD PLANTATION FL 33324</b>		10. Name and Address of New Registered Agent 81 Name <b>John Ricci</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>500 NE 185 Street</b> 83 84 City <b>Miami</b> FL 85 Zip Code <b>33179</b>	
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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: *John Ricci* President DATE: **2/17/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PO WEINER, MARTIN (Sec) 8000 PETERS ROAD PLANTATION FL 33324</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>Secretary Martin Weiner 500 NE 185 St. Miami FL 33179</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Martin Weiner 500 NE 185 St. Miami FL 33179</b> <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>Philip Peerless (Vice President) 500 NE 185 St. Miami FL 33179</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Philip Peerless (Vice President) 500 NE 185 St. Miami FL 33179</b> <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>President John Ricci 500 NE 185 St. Miami FL 33179</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>John Ricci (President) 500 NE 185 St. Miami FL 33179</b> <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, changed, or on an attachment with an address.

SIGNATURE: *John Ricci* **John Ricci President** DATE: **2/17/97** 305-999-0080

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CR2E034 (9/96)