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Jun 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000028877 (4)

1. Corporation Name
RAZORBACK CORP.



Principal Place of Business
3575 BATTERSEA ROAD
COCONUT GROVE FL 33133

Mailing Address
3575 BATTERSEA ROAD
COCONUT GROVE FL 33133-6802

3. Date Incorporated or Qualified 03/27/1996	3a. Date of Last Report
4. FEI Number 65-0755497	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

YELEN, JAN A
1104 PONCED DE LEON BLVD.
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	3. Name of Officer or Director <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3. Name of Officer or Director	1.2 NAME	
STREET ADDRESS	3. Name of Officer or Director	1.3 STREET ADDRESS	
CITY - ST - ZIP	3. Name of Officer or Director	1.4 CITY - ST - ZIP	
TITLE	4. Name of Officer or Director <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4. Name of Officer or Director	2.2 NAME	
STREET ADDRESS	4. Name of Officer or Director	2.3 STREET ADDRESS	
CITY - ST - ZIP	4. Name of Officer or Director	2.4 CITY - ST - ZIP	
TITLE	5. Name of Officer or Director <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5. Name of Officer or Director	3.2 NAME	
STREET ADDRESS	5. Name of Officer or Director	3.3 STREET ADDRESS	
CITY - ST - ZIP	5. Name of Officer or Director	3.4 CITY - ST - ZIP	
TITLE	6. Name of Officer or Director <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6. Name of Officer or Director	4.2 NAME	
STREET ADDRESS	6. Name of Officer or Director	4.3 STREET ADDRESS	
CITY - ST - ZIP	6. Name of Officer or Director	4.4 CITY - ST - ZIP	
TITLE	7. Name of Officer or Director <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7. Name of Officer or Director	5.2 NAME	
STREET ADDRESS	7. Name of Officer or Director	5.3 STREET ADDRESS	
CITY - ST - ZIP	7. Name of Officer or Director	5.4 CITY - ST - ZIP	
TITLE	8. Name of Officer or Director <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8. Name of Officer or Director	6.2 NAME	
STREET ADDRESS	8. Name of Officer or Director	6.3 STREET ADDRESS	
CITY - ST - ZIP	8. Name of Officer or Director	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: _____ Date: 4/27/97

CR2E034 (9/96)