

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90090 026 ***150.00

DOCUMENT # P96000035139

1. Corporation Name
RAF ENTERPRISES GROUP, INC.



Principal Place of Business
8870 MARLAMOR LANE
WEST PALM BEACH FL 33412

Mailing Address
8870 MARLAMOR LANE
WEST PALM BEACH FL 33412

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 48 Sue Avenue
Suite, Apt. #, etc.

2a. Mailing Address
26 PO Box 3217
Suite, Apt. #, etc.

22 City & State
23 Blairgowrie
24 Zip 2194
25 Country South Africa

27 City & State
28 Pinegowrie
29 Zip 2123
30 Country South Africa

3. Date Incorporated or Qualified
04/18/1996

4. FEI Number
65-0462509
Applied For
Not Applicable

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

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

8. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

FEINGOLD, DAVID J
8870 MARLAMOR LANE
WEST PALM BEACH FL 33412

10. Name and Address of New Registered Agent

81 Name David J. Feingold, Esq.
82 Street Address (P.O. Box Number is Not Acceptable)
3300 PGA Blvd.
83 Suite 410
84 City Palm Beach Gardens, FL
85 Zip Code 33410

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, typed or printed name of registered agent and title if applicable

David J. Feingold

4/26/99
DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	FEINGOLD, DAVID J
STREET ADDRESS	8870 MARLAMOR LANE
CITY-STATE-ZIP	WEST PALM BEACH FL 33412
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	FEINGOLD, LAUREN
STREET ADDRESS	8870 MARLAMOR LANE
CITY-STATE-ZIP	WEST PALM BEACH FL 33412
TITLE	<input type="checkbox"/> DELETE
NAME	B. Kolman
STREET ADDRESS	48 Sue Avenue
CITY-STATE-ZIP	Blairgowrie 2194 SA
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

B. Kolman

4/26/99 27117878014
Date Daytime Phone #

CR2E034 (11/98)

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