

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

FILED

Mar 27 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000035308 (1)

1. Corporation Name

RAFAEL DORNFORD, INC.



Principal Place of Business

2650 NE 52ND ST  
LIGHTHOUSE POINT FL 33064-7052

Mailing Address

2650 NE 52ND ST  
LIGHTHOUSE POINT FL 33064-7052

2. Principal Place of Business

21 7494 NW 33rd St

Suite, Apt #, etc.

22 City & State

23 LAUDERHILL FL

24 Zip Country

33319

2a. Mailing Address

26 7494 NW 33rd St

Suite, Apt #, etc.

27 City & State

28 LAUDERHILL FL

29 Zip Country

33319

3. Date Incorporated or Qualified

04/19/1996

3a. Date of Last Report

4. FEI Number

65-0665334

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

WILLIAMS, STEPHEN G  
2650 NE 52ND ST  
LIGHTHOUSE POINT FL 33064-7052

10. Name and Address of New Registered Agent

81 Name

DORNFORD, RAFAEL

82 Street Address (P.O. Box Number is Not Acceptable)

7494 N.W. 33rd St

83

84 City

LAUDERHILL

FL

85 Zip Code

33319

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

X *Rafael Dornford*  
Signature, typed name and title of registered agent and title if applicable

RAFAEL DORNFORD, DPST

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
DPST	DORNFORD, RAFAEL	7494 NW 33RD ST	LAUDERHILL FL 33319	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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, unchanged, or on an attachment with an address.

SIGNATURE:

X *Rafael Dornford*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAFAEL DORNFORD, DPST

Date

Daytime Phone #

CR2E034 (9/96)