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

FILED
Jun 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. M[illegible]n
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000068764

1. Corporation Name
RAFIDI INC.

Principal Place of Business
3144 Lenox AVe
Jacksonville FL 32254

Mailing Address
P O Box 37714
Jacksonville FL 32236

2. Principal Place of Business
21 Jacksonville FL
Suite, Apt. #, etc.
22 P O Box 37714
City & State
23
Zip 24 32236 Country 25

2a. Mailing Address
26 P O Box 37714
Suite, Apt. #, etc.
27
City & State
28 Jacksonville FL
Zip 29 32236 Country 30 USA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
8-15-96

4. FEI Number
59-3398097
☒ 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 or has paid the current year Intangible Personal Property Tax due June 30 ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
Nader J Rafidi
92 Breakness Plz
Orange Park. FL 32073

10. Name and Address of New Registered Agent
81 Name Nader J Rafidi
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Section 607.0505 and 607.1506, 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] DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	Nader O Rafidi	12 NAME	N/A
STREET ADDRESS	92 Breakness Plz	13 STREET ADDRESS	
CITY-ST-ZIP	Orange Park FL 32073	14 CITY-ST-ZIP	
TITLE	President ☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	200002570562
STREET ADDRESS		53 STREET ADDRESS	06/24/98--01018--033
CITY-ST-ZIP		54 CITY-ST-ZIP	***8.75
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	200002570562
STREET ADDRESS		63 STREET ADDRESS	-06/24/98--01018--032
CITY-ST-ZIP		64 CITY-ST-ZIP	***150.00

JE 6.24

14. I hereby certify that the corporation named in this report is eligible to file this report as required by Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental requirement 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 above, with an address, as an officer or director, capable of receiving mail by the United States Postal Service.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

CR2E034 (10/97)