


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

FILED
Mar 27 1997 8:00am
Secretary of State

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|---|--|---|--|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1997 | |  | | FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # P96000077371 (8) | | | | | |
| 1. Corporation Name DOUBLE R DEVELOPMENT, INC. | | | | | |
| Principal Place of Business 4137 N.W. 135TH STREET MIAMI FL 33054 | | | Mailing Address 4137 N.W. 135TH STREET MIAMI FL 33054-4858 | | |



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|--------------------------------|--|-----------------------|--|---|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 09/14/1996 | | 3a. Date of Last Report | |
| 21 Suite, Apt. #, etc. | | 26 Suite Apt. #, etc. | | 4. FEI Number 65-0704002 | | Applied For Not Applicable | |
| 22 City & State | | 27 City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 23 Zip | | 28 Zip | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 24 Country | | 29 Country | | 30 Country | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | | | |
|--|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent RAFFA, RAFFAELE A 4137 N.W. 135TH STREET MIAMI FL 33054 | | | | 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 | | | | FL | | | |

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 and I am familiar with and I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE:  PRESIDENT RAFFAELE A. RAFFA. DATE: 3/5/97

| | | | | | | | |
|--|--|--|--|---|--|--|--|
| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| 1. TITLE <input type="checkbox"/> DELETE | | | | 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 1. NAME RAFFA, RAFFAELE A | | | | 1.2 NAME | | | |
| 1. STREET ADDRESS 4137 N.W. 135TH ST. | | | | 1.3 STREET ADDRESS | | | |
| 1. CITY - ST - ZIP MIAMI FL 33054 | | | | 1.4 CITY - ST - ZIP | | | |
| 2. TITLE <input type="checkbox"/> DELETE | | | | 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 2. NAME | | | | 2.2 NAME | | | |
| 2. STREET ADDRESS | | | | 2.3 STREET ADDRESS | | | |
| 2. CITY - ST - ZIP | | | | 2.4 CITY - ST - ZIP | | | |
| 3. TITLE <input type="checkbox"/> DELETE | | | | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 3. NAME | | | | 3.2 NAME | | | |
| 3. STREET ADDRESS | | | | 3.3 STREET ADDRESS | | | |
| 3. CITY - ST - ZIP | | | | 3.4 CITY - ST - ZIP | | | |
| 4. TITLE <input type="checkbox"/> DELETE | | | | 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
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| 4. CITY - ST - ZIP | | | | 4.4 CITY - ST - ZIP | | | |
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| 5. NAME | | | | 5.2 NAME | | | |
| 5. STREET ADDRESS | | | | 5.3 STREET ADDRESS | | | |
| 5. CITY - ST - ZIP | | | | 5.4 CITY - ST - ZIP | | | |
| 6. TITLE <input type="checkbox"/> DELETE | | | | 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 6. NAME | | | | 6.2 NAME | | | |
| 6. STREET ADDRESS | | | | 6.3 STREET ADDRESS | | | |
| 6. CITY - ST - ZIP | | | | 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 included 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: RAFFAELE RAFFA  DATE: 3-5-97 (305) 681-3545

CR2E034 (9/96)