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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000085994 (7)

THE RUFFO CORPORATION

FILED May 14 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					- - 1031(09) (48 (81)3 61)() 86)() 00()) 01	161 08 601 10101 01110 10))(0 19(1) 0 101 (70)	
343 ALMERIA AVENUE POST OFFICE BOX 271027 CORAL GABLES FL 33134 TAMPA FL 33688-1027			7		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified 10/17/1996			
2. Principal P	ace of Business	2a. Mailing Address			4. FEI Number		Applied For	
21		26			65-0702531		Not Applicable	
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		.75 Additional	
22		27				F	ee Required	
City & State	<u></u>	City & State			6. Election Campaign Financing Trust Fund Contribution		5.00 May Be dded to Fees	
Zip	Country Zip		Country		8. This corporation owes or has pe			
24	25 29 30 30		30		Personal Property Tax due June 30. 24-Yes L No 10. Name and Address of New Registered Agent			
9. Name and Address of Current Registered Agent AMEON ANYCE CHAPTECED 81 Name					10, Name and Address of New Negistered Agent			
AMERICANTER CHARTERED					obect D. Deg	<u>AE TAN</u>	<u>'</u> δ	
343 ALMERIA AVENUE CORAL GABLES FL 33134				Street A	104 Wood Cut	0	7.	
COMME CARRIES IL 33/134					104,0000000	10 <u>6)-</u>	4.:	
			B4	City —	ampa-	FL 85	Zip Code	
11, Pursuani i	to the provisions of Sections 607,0502	and 607.1508, Florida Statute	es, the above	e-named corpo	oration submits this statement for the		ing its registered	
office or re	egistered agent, or both, in the State on familiar with analysecent this oblige	of Florida, Such change was a tions of, Section 607,0501. Ho	iuthorized by irida Statutes	the corporation	oration submits this statement for the on's board of directors. I hereby acce	pt the appointme	int as registered	
SIGNATURE.	COLUMN STATES	N don't						
SIGNATORE.	Signature, quedes pentra name of registered ager	randice l'applicable (NOTE	Registured Age	ni signature require	d when reinstaling)	DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFI			
TITLE	PTD DECAPTANO DODEDT O	DELETE	1.1 THLE			☐ Ch	nange 🔲 Addition	
NAME	DEGAETANO, ROBERT S		1.2 NAME					
STREET ADDRESS	\$43 ALMERIA AVENUE		1.3 STREET					
CHY-ST-ZIP TITLE	CORAL GABLES FL 33134 VSD	DELETE	1.4 CIT - S'	1 - ZIP		☐ Ch	nange	
NAME	DEGAETANO, SUSAN	[] <i>DCLL1</i>	2 1 1 1 2 2 NA			ت	ange L Addition	
STREET ADDRESS	\$43 ALMERIA AVENUE			ADDRESS				
CITY-ST-ZIP	CORAL GABLES FL 33134		1 9	ST-ZIP				
TITLE	00.000 0.000011100.001	DELETE	31 [1]) - tu		☐ Ch.	ange	
NAME			3.2 N/					
STREET ADDRESS				ADDRESS				
CITY-ST-ZIP			3.4. 0	ST- Z /P				
TITLE		DELETE	4.1 T			☐ Ch	ange Addition	
NAME			4.21					
STREET ADDRESS			435	ADDRESS				
CITY-ST-ZIP			4.4 C	T - ZIP				
TITLE		DELETE	5 1 Til			L Ch.	ange L. Addition	
NAME			5 2 NA					
STREET ADDRESS			5.3 STF	ADDRESS				
CITY-ST-ZIP		T-1 K2(202		T-ZIP			2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
TITLE		☐ DELETE	6.1 TITL			☐ Ch	ange 🔲 Addition	
NAME			6.2 NAM					
STREET ADDRESS			6.3 STRE I					
CITY-ST-ZIP			6.4 CITY - S	T-ZIP				

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 suppliemental 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 dustee empowered to recute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed of our patternion with an address.