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

CORPORATION ANNUAL REPORT

1997



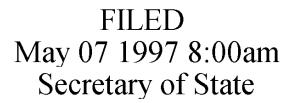
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000100982 (3)

RIFA, INC.





Principal Plac	ne of Business	Mailing Address			I (UU) HUU) AH (BAH) BHH HUH! PUH! HUH!	HIN HIN DON' HIN HIN HIN	HIN
Principal Place of Business Mailing Address 3286 NORTH STATE ROAD 7 3286 NORTH STATE ROAD 7			7				
	LAKES FL 33319	LAUDERDALE LAKES FL 33		:			
					Date Incorporated or Qualified 12/13/1996	3a. Date of Last Rep	ort
2. Principal F	lace of Business	2a. Mailing Address		· · · · · · · · · · · · · · · · · · ·	1. FEI Number 0714542	·	ied For Applicabl
Suile, Apt	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Ad	ditional
Cily & Sta	te	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 M Added to	
Zip	Country	Zip	Countr	ry	B. This corporation has liability for it		99.032,
1	25	29	30			Yes No	····
	9. Name and Address of Current	Registered Agent		<u> </u>	10, Name and Address of New Re	Istered Agent	
	FIL, JOSEPH K		18	1 Name			
3286 NORTH STATE ROAD 7 LAUDERDALE LAKES FL 33319				2 Street Address (P.O. Box Number is Not Acceptable)			
Li	DENDALL DATES I L 55010		6:	3		· · · · · · · · · · · · · · · · · · ·	
			8	4 City		FL 85 Zip Co	de
				1	poration submits this statement for the pation's board of directors. I hereby accept		
12.	Significate, typed or printed name of registered ager OFFICERS AND	DIRECTORS	13.	· · · · · · · · · · · · · · · · · · ·	ured when reinstating) ADDITIONS/CHANGES TO OFFIC		
HILL	PTD	☐ DELETE	1.1 TITLE	1		[] Change	Additio
NAME	RIVAS, LUIS		1.2 NAME	1			
STREET ADDRESS	5040-D SOCIETY PLACE EAST WEST PALM BEACH FL 33415			ET ADDRESS			
DITY-ST ZIP TITLE	VSD VSD	DELETE	1.4 CITY - 2.1 TITLE			Change	Additii
NAME	CATALDO, ROSANNA		2.2 NAME				
STREET ADOPESS	7696 NW 5TH STREET, BLDG 4	12 APT 1-B	2.3 STREE	ET ADDRESS			
CITY ST-7IP	PLANTATION FL 33324		2. 4 CITY	-ST-ZIP		.,	
TIBLE		[_] DELETE	3.1 TITLE			Change	Additio
NAME:			3.2 NAME		•		
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COY-\$1-7/2		Flarier	5.4 CITY-			T Ohanas	A desire
Tille	}	DELETE	6.1 TITLE	J		Change	Additio
NAME CARLEL ANDRESS			6.2 NAME	i	•		
STREET ADDRESS. City - ST - ZiP			6.3 STRE	ET ADDRESS			
	1						

14. I do nereby 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR