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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # P97000006556 (9)

LITTLE RASCAL INTERNATIONAL, INC.

## **FILED** Apr 23 1998 8:00am Secretary of State



Principal Place of Business		Mailing Address					
8500 SW 8 STREET		8500 SW 8 STREE					
SUITE 204		SUITE 204 Miami FL 33144				DO NOT WRITE IN THIS SPACE	
MIRMI FL 33144		WINWI LE SOLAS	MIRMI PE 30144			3. Date Incorporated or Qualified	
]						01/22/1997	
2 Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number	
21		26				65-0729595 Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			·	SR 75 Additional	
22		27	27			5. Certificate of Status Desired Fee Required	
City & State		City & State				6. Election Campaign Financing \$5.00 May Be	
23		28	28			Trust Fund Contribution Added to Fees	
Zip Country		Zip	Zip Country			8. This corporation owes or has paid the current year Intangible	
24	25 29 30		30			Personal Property Tax due June 30. Yes No	
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Registered Agent	
	rbara, arnold r			81	Name		
	00 <b>\$</b> W 8 STREET			82 Street Add		dress (P.O. Box Number is Not Acceptable)	
SU	ITE 204				2		
MI	AMI FL 33144			83			
			-	84	City	85 Zip Code	
				07	City	FL 63 2 P COO	
11. Pursuant I	to the provisions of Sections 607.05	02 and 607.1508, Florida	Statutes, the at	oove-	named co	rporation submits this statement for the purpose of changing its registered	
office or re	<b>egiste</b> red agent, or both, in the Stati m <b>famil</b> iar with, and accept the oblic	e of Florida. Such change gations of, Section 607.05	was autnorized 05, Florida Stati	a by i ules.	tne corpori	ation's board of directors. I hereby accept the appointment as registered	
SIGNATURE			•				
SIGNATORE	Signature, typod or printed name of registered ag	gent and title if applicable	(NOTE Registered	d Agen	nt signature req	ulreo when reinslating) DATE	
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	DELET	E . 1.1 TH	TLE		Change Addition	
NAME	BARBARA, ARNOLD R		1.2 NA	3MV	İ		
STREET ADDRESS	8500 SW 8 ST, STE 204		1.3 ST	REET A	ADDRESS		
CITY-ST-ZIP	MIAMI FL 33144		1.4 CI		- ZiP		
TITLE		DELETE 2.1		TLE		☐ Change ☐ Addition	
NAME			22 NA	<b>AME</b>	-		
STREET ADDRESS			2 3 ST	REET A	ADDRESS		
CITY-ST-ZIP			2 4 CI		1 - ZIP		
TITLE		∐ DELE	DELETE 3.1 T			Change Addition	
NAME			3.2 NA	ME			
. Street address			3.3 ST	REE1 A	ADDRESS		
CITY-ST-ZIP			3.4. CI		F-ZIP		
TITLE		☐ DELET	E 4.1 TII	ILE	Į	Change Addition	
NAME			4. 2 N	AME			
STREET ADDRESS			4.3 ST	REET A	ADDRESS		
CITY-ST-ZIP			4.4 Cit		- 7IP		
FITLE		[] DELET	E 5.1 TIT	TLF		Change Addition	
NAME			5.2 NA	ME			
STREET ADDRESS			5.3 ST	REET A	ADDRESS		
CITY-ST-ZIP			5.4 CI	TY-\$T-	- ZIP		
TITLE	-	DELET	E 6.1 TIT	TLE		☐ Change ☐ Addition	
NAME			6.2 NA	ME			
STREET ADDRESS			6.3 ST	REET A	ADDRESS		
CITY-ST-ZIP			6.4 CIT	TY-ST	-ZIP		
4.4 1.5	and the state of t	tale their films along and according	-Ct. t			Continue 440 07(0)(i) Florida Cont. 4 2 further contif. that the information	

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 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 conformation 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 charged, or on an attachment with an address.