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

PROFIT **CORPORATION** ANNUAL REPORT

1998

STREET ADDRESS

CHTY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000089499 (2)

REXFORD INTERNATIONAL, CORP.

Mailing Address Principal Place of Business 305 A SCARLET BOULEVARD 305 A SCARLET BOULEVARD OLDSMAR FL 34677 OLDSMAR FL 34677 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/17/1997 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 59-3473006 Not Applicable Suite, Apt. #, etc \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 Zip Country 8. This corporation owes or has paid the current year Intangible ☐ Yes Personal Property Tax due June 30. 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 **AMERILAWYER** RICHARD V. TADDEO
Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE 82 SCARLET BOULEVARD **CORAL GABLES FL 33134** 83 City OLDSMAR 34677 11. Pursuant to the provisions of Sections 607.05.02 and 607.15.08, 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 will, and accept the obligations of Section 607.65.05, Florida Statutes. ichard V. SIGNATURE Taddeo, President ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change DELETE **PSTD** 1.1 HILE TITLE TADDEO, RICHARD V 1.2 NAME NAME 305 A SCARLET BOULEVARD 1.3 STREET ADDRESS STREET ADDRESS OLDSMAR FL 34677 1.4 CITY - ST - 7/P CITY-ST-ZIP Change Addition DELETE 2 1 1IILE TITLE NAME 22 NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-7IP CITY-ST-ZIP Change Addition DELETE 3 1 THLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CHY-S1-7IP CITY-ST-ZIP Change Addition DELETE 4.1 1111.6 4. 2 NAMÉ NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 5.1 **7**(TLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 City - \$1 - 20P CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME

> 6.3 STREET ADDRESS 6 4 CITY - ST - ZIP

14. Thereby 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 trusted 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.

FILED

Apr 14 1998 8:00am

Secretary of State