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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000057933

Country

9. Name and Address of Current Registered Agent

1. Corporation Name

HIALEAH FL 33012

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Zip

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

R.F. ENTERPRISES OF MIAMI, INC.

Principal Place of Business	
2407 MEST OND AVE	

Mailing Address 3167 WEST 2ND AVE. HIALEAH FL 33012

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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Zip

Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90030 044 ***150.00

τ.				
	DO NOT WRIT	E IN THE	S SPACE	
3.	Date Incorporated or Qualifed 06/29/1998			
4.	FEI Number			Applied For
6	5-0849831			Not Applicable
5.	Certifcate of Status Desired		\$8.75 Additional Fee Required	
6.	Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
8.	This corporation owes the curre Personal Property Tax.	ent year Ir	ntangible	□No

10. Name and Address of New Registered Agent

81 Name FRANCO, ROBERTO Street Address (P.O. Box Number is Not Acceptable) 82 3167 WEST 2ND AVE. HIALEAH FL 33012 83 84 City

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

Country

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SIGNATURE	Rolleto Blance			quired when reinstating) DATE
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Reg	istered Agent signature rec	dones with the same of the sam
_12. ~-	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	OP □ DE	ELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	FRANCO, ROBERTO		1.2 NAME	
STREET ADDRESS	3167 WEST 2ND AVE.		1.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33012		1.4 CITY-ST-ZIP	
TITLE	□ DI	ELETE	2.1 TTLE	☐ Change ☐ Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2. 4 CITY-ST-ZIP	
TILE	□ DE	ELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	
TITLE	· DI	ELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE	□ DI	ELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE	□ DI	ELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	I
STREET ADDRESS			6.3 STREET ADDRESS	
C/TY-ST-ZIP			6.4 CITY-ST-ZIP	

14. 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 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 en en attachment with an address, with all other like empowered.

SIGNATURE:

*t*e required SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Zip Code