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

CORPORATION ANNUAL REPORT 1998

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(5)

RICHMOND PERRINE REALITY, INC.

|--|

FILED

May 12 1998 8:00am

Secretary of State

Principal Place of Business Mailing Address					i Jenifila (it innin Aribs tinni tinti Aidt Aidit	AIBIL GIBIL BIBIL BIBIL BIBIL IABL	
14880 LINCOLN BLVD. 14660 LINCOLN BLVD.							
MIAMI FL 331	176	MIAMI FL 33176	MIAMI FL 33176		DO NOT WRITE IN THIS SPACE		
•					3. Date Incorporated or Qualified		
					08/26/1991		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For	
21	400 01 D0011000	26	y course		65-0281746	Not Applicable	
Sulte, Apt.	# etc.		Suite, Apt. #, etc.			\$8.75 Additional	
22	.,	27			5. Certificate of Status Desired	Fee Required	
City & State)	City & State			6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees	
Zip	Country	Zφ	Count	ry	8. This corporation owes or has paid the	current year Intangible	
24	25	29	30		Personal Property Tax due June 30.	☐ Yes ☐ No	
9. Name and Address of Current Registered Agent					10. Name and Address of New Register	ed Agent	
JO	NES, CHARLES L.		8	1 Name			
9900 S.W. 168TH STREET SUITE 9 MIAMI FL 33157			8	2 Street 6	eet Address (P.O. Box Number is Not Acceptable)		
			"	Billot Address (1.0. Box Northor is Not Acceptable)			
			8	3			
			8	al Obs		As I 7's Oads	
			l°	4 City	F	85 Zip Code	
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State of familiar with, and accept the oblig	e of Florida. Such chan ge was a	authorized I	by the corp	corporation submits this statement for the purpos oration's board of directors. I hereby accept the	e of changing its registered	
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if Apolicable (NOTE	- Anaistured A	enut signature	required when reinstating) DAT	E	
12.	OFFICERS AND DIRECTORS				ADDITIONS/CHANGES TO OFFICERS	_	
TITLE	PST	☐ DELETE			· · · · · · · · · · · · · · · · · · ·	Change Addition	
NAME	RACKLEY, HERMAN		1.2 NAM	E			
STREET ADDRESS	s 14225 MONROE ST		1.3 STRE	1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL		1.4 CITY	-SI-ZIP			
TITLE			2.1 TITLE			Change Addition	
NAME	RACKLEY, HERMAN 22		2.2 NAM	Ε			
STREET ADDRESS	A COLUMN AND AND		2.3 STRE	E1 ADDRESS			
CITY-ST-ZIP	MIAMI FL		2. 4 CITY	- ST- ZIP			
TITLE		☐ DELETE	3.1 TITLE			Change Addition	
				.			

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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

3.3 STREET ADDRESS 3.4. CITY-ST-ZIP

4.1 TO LE

4. 2 NAME 4.3 STREET ADDRESS

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.4 CITY - ST - ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

DELETE

DELETE

DELETE

4/20/97 (305)255-2708

Change

Change

Change

Addition

Addition

Addition