

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S84685** (4)

1. Corporation Name  
**I.R.F., INC.**



Principal Place of Business: **1390 N.W. 27TH AVE. MIAMI FL 33125-2510**  
Mailing Address: **1390 N.W. 27TH AVE. MIAMI FL 33125-2510**

3. Date Incorporated or Qualified: **10/03/1991**  
3a. Date of Last Report: **01/20/1995**

2. Principal Place of Business (21-24)  
2a. Mailing Address (26-30)

4. FEI Number: **65-0289946**  
5. Certificate of Status Desired:   
6. Election Campaign Financing Trust Fund Contribution:   
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: **CRESPO, MANUEL A. ESQ. 780 N.W. LEJEUNE RD SUITE 623 MIAMI FL 33126**  
10. Name and Address of New Registered Agent (81-85)

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.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>PSD</b>	<b>FERNANDEZ, TOMAS E.</b>	1.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		1.2 NAME:	
STREET ADDRESS:	<b>9820 S.W. 122ND ST</b>	1.3 STREET ADDRESS:	
CITY-ST-ZIP:	<b>MIAMI FL</b>	1.4 CITY-ST-ZIP:	
TITLE: <b>D</b>	<b>FERNANDEZ, IRENE</b>	2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		2.2 NAME:	
STREET ADDRESS:	<b>9820 S.W. 122ND ST</b>	2.3 STREET ADDRESS:	
CITY-ST-ZIP:	<b>MIAMI FL</b>	2.4 CITY-ST-ZIP:	
TITLE: <b>VSD</b>	<b>FERNANDEZ, MARIO</b>	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		3.2 NAME:	
STREET ADDRESS:	<b>3049 S.W. 21ST TERR</b>	3.3 STREET ADDRESS:	
CITY-ST-ZIP:	<b>MIAMI FL</b>	3.4 CITY-ST-ZIP:	
TITLE: <b>D</b>	<b>FERNANDEZ, REBECA</b>	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		4.2 NAME:	
STREET ADDRESS:	<b>3049 S.W. 21ST TERR</b>	4.3 STREET ADDRESS:	
CITY-ST-ZIP:	<b>MIAMI FL</b>	4.4 CITY-ST-ZIP:	
TITLE: <b>S</b>	<b>FERNANDEZ, MARIO, JR.</b>	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.2 NAME:	
STREET ADDRESS:	<b>3049 S.W. 21ST TERR</b>	5.3 STREET ADDRESS:	
CITY-ST-ZIP:	<b>MIAMI FL</b>	5.4 CITY-ST-ZIP:	
TITLE:		6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY-ST-ZIP:		6.4 CITY-ST-ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntary furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Mario Fernandez Jr.* **Mario Fernandez Jr.** 2/9/96 (305) 635-6618  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)