

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION
 ANNUAL REPORT
 1996



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

DOCUMENT # **433379** (5)
 1. Corporation Name

THE COMPANIES OF R & S, INC.



Principal Place of Business: **8715 SW 129 TERRACE MIAMI FL 33167 US**
 Mailing Address: **8715 SW 139 TERR MIAMI FL 33176 US**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/23/1973	3a. Date of Last Report 05/01/1995
21	Suite, Apt #, etc.	26	Suite, Apt #, etc.	4. FEI Number 59-1496697	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	7. This corporation has liability for intangible tax under s. 199.032 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
OLSEN, RICHARD H. 11900 BISCAYNE BLDV. STE 808 MIAMI FL 33181				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City

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: _____ (NOTE: Registered Agent Signature Required when Resigning) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DS <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOWNEY, JOHN E. (ASST)	12 NAME	
STREET ADDRESS	8715 SW 129 TERR	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	
TITLE	PT <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOWNEY, JOHN T.	22 NAME	
STREET ADDRESS	8715 SW 129 TERR	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLSEN, RICHARD H	32 NAME	RICHARD H. Olson
STREET ADDRESS	11900 BISCAYNE BLVD 808	33 STREET ADDRESS	224 BAL BAY DR
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	DAL HARBOUR FLA 33154
TITLE	D <input checked="" type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YARGAS, GISELA	42 NAME	JAY CLARK
STREET ADDRESS	8715 SW 129TH TERRACE	43 STREET ADDRESS	8715 S.W. 129TH
CITY-ST-ZIP	MIAMI FL 33176-5903	44 CITY-ST-ZIP	MIAMI FLA 33176-5903
TITLE	D <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELANG, JIM	52 NAME	
STREET ADDRESS	8715 SW 129TH TERRACE	53 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33176-5903	54 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGNEZ, TEODORA	62 NAME	
STREET ADDRESS	8715 SW 129TH TERRACE	63 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33176-5903	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *J. Downey* **7/21/96** **305-256-6666**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

CR2E034 (3/96)