

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

FILED
Apr 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # 433379
 1. Corporation Name
THE COMPANIES OF R & S, INC.

Principal Place of Business 8715 S.W. 129 Terrace Miami, FL 33167	Mailing Address 8715 S.W. 139 Terrace Miami, FL 33176
---	---

3. Date Incorporated or Qualified 08/23/1973	3a. Date of Last Report 08/06/1996
---	---------------------------------------

2. Principal Place of Business 21 8715 S.W. 129 Terrace Suite, Apt. # etc	2a. Mailing Address 26 8715 S.W. 129 Terrace Suite, Apt. #, etc	4. FEI Number 59-149697	Applied For Not Applicable
22 City & State Miami, FL	27 City & State Miami, FL	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip 33176	29 Country U.S.A.	28 Zip 33176	30 Country U.S.A.

6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
OLSEN, RICHARD H.
 11900 Biscayne Blvd., Suite 808
 Miami, FL 33181

10. Name and Address of New Registered Agent
 81 Name
DOWNEY, JOHN T.
 82 Street Address (P.O. Box Number is Not Acceptable)
8715 S.W. 129 Terrace
 83
 84 City
Miami **FL** 85 Zip Code
33176

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 *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DS (ASST) <input checked="" type="checkbox"/> DELETE
NAME	DOWNEY, JOHN E.
STREET ADDRESS	8715 S.W. 129 TERRACE
CITY-ST-ZIP	MIAMI, FL
TITLE	PT <input type="checkbox"/> DELETE
NAME	DOWNEY, JOHN T.
STREET ADDRESS	8715 S.W. 129 TERRACE
CITY-ST-ZIP	MIAMI, FL
TITLE	DS <input checked="" type="checkbox"/> DELETE
NAME	OLSON, RICHARD H.
STREET ADDRESS	224 BAL BAY DRIVE
CITY-ST-ZIP	BAL HARBOUR, FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	CLARK, JAN
STREET ADDRESS	8715 S.W. 129TH TERRACE
CITY-ST-ZIP	MIAMI, FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	DELANG, JIM
STREET ADDRESS	8715 S.W. 129TH TERRACE
CITY-ST-ZIP	MIAMI, FL 33176-5903
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	D,P,T,AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DOWNEY, JOHN T.
2.3 STREET ADDRESS	8715 S.W. 129 TERRACE
2.4 CITY-ST-ZIP	MIAMI, FL 33176
3.1 TITLE	D,S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DOWNEY, DEBORAH CALDWELL
3.3 STREET ADDRESS	8715 S.W. 129 TERRACE
3.4 CITY-ST-ZIP	MIAMI, FL 33176
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

200002131782
 -04/02/97--01109--033
 ***165.00

14. I do 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 on an attachment with an address.

SIGNATURE: *[Signature]* President 3-24-97 305-256-6666
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)