

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 566651 (6)

1. Corporation Name
RSM INVESTMENTS, INC.



Principal Place of Business Mailing Address
~~9100 S DADELAND~~
~~STE 1121~~
~~MIAMI, FL 33156-7836~~
US
~~9100 S DADELAND~~
~~STE 1121~~
~~MIAMI, FL 33156-7836~~
US

3. Date Incorporated or Qualified **02/24/1978** 3a. Date of Last Report **04/04/1995**

2. Principal Place of Business 2a. Mailing Address
21 **7100 N. Kendall Drive** 26 **7100 N. Kendall Drive**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **Suite 210** 27 **Suite 210**
City & State City & State
23 **Miami, Florida** 28 **Miami, Florida**
Zip Country Zip Country
24 **33156-7839** 25 **US** 29 **33156-7839** 30 **US**

4. FEI Number **59-1802997** Applied For Not Applicable
5. Certificate 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MANDEL, ROBERT S.
~~9100 S DADELAND~~
~~STE 1121~~
~~MIAMI FL 33156~~

81 Name **MANDEL, ROBERT S.**
82 Street Address (P.O. Box Number is Not Acceptable) **7100 N. Kendall Drive**
83 **Suite 210**
84 City **Miami, FL** 85 Zip Code **33156**

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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 *Robert S. Mandel* **April 18, 1996**
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MANDEL, ROBERT S	
STREET ADDRESS	9100 S DADELAND, #1121	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Address
1.2 NAME	
1.3 STREET ADDRESS	7100 N. Kendall Dr, #210
1.4 CITY-ST-ZIP	Miami, FL 33156
2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Secretary
2.3 STREET ADDRESS	MANDEL, RONA C.
2.4 CITY-ST-ZIP	7100 N. Kendall Dr, #210
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	

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)(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 in any attaching form, if an address.

SIGNATURE: *Robert S. Mandel* **April 18, 1996 (305) 670-0671**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)