

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

55 MAY -1 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L12355 (8)

1. Corporation Name

RPM INVESTMENT CORP.

Principal Place of Business

10500 SW 160 CT
MIAMI FL 33196
US

Mailing Address

10500 SW 160 CT
MIAMI FL 33196
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/28/1989

3a. Date of Last Report

06/27/1994

4. FEI Number

65-0156443

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. 191.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RUIZ, RAUL O.
10500 S.W. 160TH COURT
MIAMI FL 33196

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 of Registered Agent or Agent-in-Charge)

(Signature of Registered Agent or Agent-in-Charge)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	RUIZ, RAUL O.
STREET ADDRESS	10500 S.W. 160TH COURT
CITY, ST, ZIP	MIAMI FL
TITLE	D
NAME	RUIZ, RAUL
STREET ADDRESS	40-08 104TH ST.
CITY, ST, ZIP	GORONA NY
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ 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 191.032(1)(b), Florida Statutes. I further certify that the information supplied on this annual report or supplemental annual report is true and accurate and that my corporation shall deliver this same report as required by law. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 9817, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report as an officer or director with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAUL RUIZ

4-27-95 65-7222