

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

**APPROVED  
AND  
FILED**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**95 MAY -1 AM 10:19**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # M41295 (0)**

1. Corporation Name

**R & P DEVELOPMENT CORPORATION, INC.**

Principal Place of Business

10148 COSTA DEL SOL BLVD.  
MIAMI FL 33078  
US

Mailing Address

10148 COSTA DEL SOL BLVD.  
MIAMI FL 33078  
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

**11/07/1986**

3a. Date of Last Report

**04/28/1994**

4. FEI Number

**59-2814725**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
Fees 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

2. Principal Place of Business

21 **10148 COSTA DEL SOL BLVD**

2a. Mailing Address

26 **10148 COSTA DEL SOL BLVD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 **MIAMI FL**

City & State

28 **MIAMI FL**

Zip

24 **33178**

Country

25 **DADE**

Zip

29 **33178**

Country

30 **DADE**

9. Name and Address of Current Registered Agent

**PETREY, RODERICK N. ESQ.  
1800 BRICKELL AVE.,  
14TH FLOOR  
MIAMI FL 33131**

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature (if used) must be verified)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PCD</b>
NAME	<b>MORAILLE, RAYMOND</b>
STREET ADDRESS	<b>10148 COSTA DEL SOL BLVD</b>
CITY, ST, ZIP	<b>MIAMI FL</b>
TITLE	<b>VSD</b>
NAME	<b>MORAILLE, PASCAL P.</b>
STREET ADDRESS	<b>10148 COSTA DEL SOL BLVD.</b>
CITY, ST, ZIP	<b>MIAMI FL</b>
TITLE	<b>VD</b>
NAME	<b>MORAILLE, MARIE CLAIRE</b>
STREET ADDRESS	<b>10148 COSTA DEL SOL BLVD.</b>
CITY, ST, ZIP	<b>MIAMI FL</b>
TITLE	<del><b>TD</b></del>
NAME	<del><b>MORAILLE, EUSA</b></del>
STREET ADDRESS	<del><b>10148 COSTA DEL SOL BLVD</b></del>
CITY, ST, ZIP	<del><b>MIAMI FL</b></del>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	<b>RESIGNED FROM</b>
43 STREET ADDRESS	<b>CO.</b>
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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)(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 person or person 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:

**PASCAL P. MORAILLE** 4-27-95 593-2167  
(Name) (Date)