FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

FILED

Apr 25 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

RTS, INC.												
Principal Place	e of Busines	is	Me	Mailing Address				10011101 011 B108 1108 11110 11010 1	81 0 4 0 0 1	JEH HITIN DI		
P. O. BOX 490962 MIAMI FL 33149 US				P. O. BOX 490962 MIAMI FL 33149-0962 US				Date Incorporated or Qualified 10/14/1000	3a. Date			
2. Principal Pl	loce of Buei	nané.	- 20	2e. Mailing Address				12/14/1990 4. FEI Number	<u> </u>	/30/199		
21 Principal Pi	IBOB OF DUSI	1055	⊢	26. Walling Address				65-0271027			plied For t Applicable	
Suite, Apt.	#, etc.			Suite, Apt. #, etc.						\$8.75 A		
22			27					5. Certificate of Status Desired	<u> </u>	Fee Re		
City & State	Ð		 	City & State				6. Election Campaign Financing		\$5.00		
Zip				Zip Country				Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199,032,				
24		25	29	⊢ ¬				Florida Statutes Yes No				
9. Name and Address of Curre							10. Name and Address of New Registered Agent					
						81	Name					
SCHRAD	ER, ROBE	.rt g			1	82	Street Addre	ess (P.O. Box Number is Not Acceptab	ole)			
)WARD BL	VD										
SUITE 16					*	83						
FT. LAUL	DERDALE I	FL 33301				B4	City	FL 85 Zip Code			Code	
11. Pursuant 1	to the provis	sions of Sections 617.0	0502 and 6	17.1508. Florida Sta	tutes, the abr	ove	e-named corp	oration submits this statement for the r		anging its	s registered	
office or re	egistered ag	gent, or both, in the Str ith, and accept the ob	ate of Florid	la. Such change wa Section 617,0503.	is authorized Florida Statu	by	the corporati	oration submits this statement for the pion's board of directors. I hereby accep	ot the appoint	iment as r	registered	
SIGNATURE _	THE PART STREET OF	This die docop: are in	iligations on	, 500,000 0	T IOTOG SEL	NO.	1.					
	Signature, typed	d or printed name of registered		<u>-</u>		Age	ent signature require	ed when reinstating)	DATE			
12.	00	OFFICERS A	AND DIREC		13.			ADDITIONS/CHANGES TO OFFIC				
TITLE	SD SCHDAT	NEO BARCOT							لبط	Change	Addition	
NAME STREET ADDRESS		der, robert Broward, suite 1:	IEM	1.2 NAM			Annatée					
CITY-ST-ZIP		DERDALE FL	000	1.3 STREET A 1.4 City-st			i					
TITLE	TD	Philippine to		☐ DELETE	2.1 T(T)		1-211			Change	Addition	
NAME	•	ON, JOHN S., JR.			2.2 NAME						-	
STREET ADDRESS		ANDON BLVD.		2.9			ADDRESS					
CITY-ST-ZIP		SCAYNE FL			2. 4 C(T	(Y-S	ST - ZIP					
TITLE	PD			☐ DELETE	3.1 TITL	Æ				Change	Addition	
NAME		on, shelly			3.2 NAN							
STREET ADDRESS		ANDON BLVD.			1		ADDRESS					
CITY-ST-ZIP TITLE	KEY BIS	SCAYNE FL		DELETE	3.4. CIT 4.1 TITL		ST-ZIP			Change	Addition	
NAME				☐ bretit	4.1 IIIL 4.2 NAI				لبا	Ullango	L_I Abbitron	
STREET ADDRESS							ADDRESS					
CITY-ST-ZIP					4.5 STN		į					
TITLE				DELETE	5.1 TITL		1-4-1			Change	Addition	
NAME					5.2 NAN	ME						
STREET ADDRESS	ĺ				5.3 STR	KEET.	ADDRESS					
CITY-ST-ZIP	<u></u>	4			5.4 CITY	Y - S1	J-ZIP					
TITLE				DELETE	6.1 T/TL				L	Change	☐ Addition	
NAME					6.2 NAN		}					
STREET ADDRESS	ĺ						ADDRESS					
CITY-ST-ZIP	by certify the	at the information sum	alicel with th	un ton sook point au	6.4 CITY	Y-S1	T-ZIP	tic Section 119 07/3)(i) Florida Statuto	a Liturther oc	etify that	tha	
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 supplements 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 proportation or preference for or truestee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 16 changed, of or an appearment with an address.												