

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 433379 (5)
1. Corporation Name

THE COMPANIES OF R & S, INC.



Principal Place of Business
8715 SW 129 TERRACE
MIAMI FL 33167
US

Mailing Address
8715 SW 139 TERR
MIAMI FL 33176
US

3. Date Incorporated or Qualified
08/23/1973

3a. Date of Last Report
05/01/1995

4. FEI Number
59-1496697

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

2. Principal Place of Business
21 Suite, Apt #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

OLSEN, RICHARD H.
11900 BISCAYNE BLVD. STE 808
MIAMI FL 33181

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 holder, officer, agent, and director applicable)

(NOTE: Registered Agent Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DS	<input type="checkbox"/> DELETE
NAME	DOWNEY, JOHN E. (ASST)	
STREET ADDRESS	8715 SW 129 TERR	
CITY - ST - ZIP	MIAMI FL	
TITLE	PT	<input type="checkbox"/> DELETE
NAME	DOWNEY, JOHN T.	
STREET ADDRESS	8715 SW 129 TERR	
CITY - ST - ZIP	MIAMI FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	OLSEN, RICHARD H	
STREET ADDRESS	11900 BISCAYNE BLVD 808	
CITY - ST - ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	YARGAS, GISELA	
STREET ADDRESS	8715 SW 129TH TERRACE	
CITY - ST - ZIP	MIAMI FL 33176-5903	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DELANG, JIM	
STREET ADDRESS	8715 SW 129TH TERRACE	
CITY - ST - ZIP	MIAMI FL 33176-5903	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RODRIGUEZ, TEODORA	
STREET ADDRESS	8715 SW 129TH TERRACE	
CITY - ST - ZIP	MIAMI FL 33176-5903	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	RICHARD H. OLSEN
33 STREET ADDRESS	224 BAL HARBOR DR
34 CITY - ST - ZIP	BAL HARBOR FLA 33154
41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	JAY CLARK
43 STREET ADDRESS	8715 S.W. 129TH
44 CITY - ST - ZIP	MIAMI FLA 33176-5903
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)(f), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/21/96

305-256-6666

CR2E034 (3/96)