

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 02 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # 433379

1. Corporation Name

THE COMPANIES OF R & S, INC.

Principal Place of Business

Mailing Address

8715 S.W. 129 Terrace  
Miami, FL 33167

8715 S.W. 139 Terrace  
Miami, FL 33176

3. Date Incorporated or Qualified  
08/23/1973

3a. Date of Last Report  
08/06/1996

2. Principal Place of Business

21 8715 S.W. 129 Terrace

Suite, Apt. #, etc.

22 City & State

23 Miami, FL

24 Zip

33176

Country

25 U.S.A.

2a. Mailing Address

26 8715 S.W. 129 Terrace

Suite, Apt. #, etc.

27 City & State

28 Miami, FL

Zip

29 33176

Country

30 U.S.A.

4. FEI Number

59-149697

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

OLSEN, RICHARD H.  
11900 Biscayne Blvd., Suite 808  
Miami, FL 33181

10. Name and Address of New Registered Agent

81 Name

DOWNEY, JOHN T.

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

8715 S.W. 129 Terrace

83

84 City

Miami

FL

85 Zip Code

33176

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]*

Signature typed & printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DS (ASST) ☒ DELETE

NAME DOWNEY, JOHN E.  
STREET ADDRESS 8715 S.W. 129 TERRACE  
CITY-ST-ZIP MIAMI, FL

TITLE PT ☐ DELETE

NAME DOWNEY, JOHN T.  
STREET ADDRESS 8715 S.W. 129 TERRACE  
CITY-ST-ZIP MIAMI, FL

TITLE DS ☒ DELETE

NAME OLSON, RICHARD H.  
STREET ADDRESS 224 BAL BAY DRIVE  
CITY-ST-ZIP BAL HARBOUR, FL

TITLE D ☒ DELETE

NAME CLARK, JAN  
STREET ADDRESS 8715 S.W. 129TH TERRACE  
CITY-ST-ZIP MIAMI, FL

TITLE D ☒ DELETE

NAME DELANG, JIM  
STREET ADDRESS 8715 S.W. 129TH TERRACE  
CITY-ST-ZIP MIAMI, FL 33176-5903

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE D,P,T,AS ☒ Change ☐ Addition

2.2 NAME DOWNEY, JOHN T.  
2.3 STREET ADDRESS 8715 S.W. 129 TERRACE  
2.4 CITY-ST-ZIP MIAMI, FL 33176

3.1 TITLE D,S ☐ Change ☒ Addition

3.2 NAME DOWNEY, DEBORAH CALDWELL  
3.3 STREET ADDRESS 8715 S.W. 129 TERRACE  
3.4 CITY-ST-ZIP MIAMI, FL 33176

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

200002131782  
-04/02/97--01109--033  
\*\*\*165.00

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 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 on an attachment with an address.

SIGNATURE: *[Signature]*

President

3-24-97

305-256-6666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)