

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 566651

1. Corporation Name
RSM INVESTMENTS, INC.

Principal Place of Business
7100 N. KENDALL DRIVE
SUITE 210
MIAMI FL 33156-7839
US

Mailing Address
7100 N. KENDALL DRIVE
SUITE 210
MIAMI FL 33156-7839
US

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90147 005 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/24/1978

4. FEI Number

59-1802997

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 9700 S. Dixie Highway

Suite, Apt. #, etc.

22 Suite 1020

City & State

23 Miami, FL 33156-2865

Zip

24 33156-2865

Country

25 USA

2a. Mailing Address

26 9700 S. Dixie Highway

Suite, Apt. #, etc.

27 Suite 1020

City & State

28 Miami, FL 33156-2865

Zip

29 33156-2865

Country

30 USA

9. Name and Address of Current Registered Agent

MANDEL, ROBERT S.
7100 N. KENDALL DRIVE
SUITE 210
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name

MANDEL, ROBERT S.

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

9700 South Dixie Highway

83

Suite 1020

84 City

Miami

FL

85 Zip Code

33156

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

Robert S. Mandel
Signature, typed or printed name of registered agent and true if applicable.

Robert S. Mandel, President

April 20, 1999

DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME MANDEL, ROBERT S
STREET ADDRESS 7100 N. KENDALL DRIVE #210
CITY-ST-ZIP MIAMI FL

TITLE S ☐ DELETE
NAME MANDEL, RONA C.
STREET ADDRESS 7100 N KENDALL DRIVE #210
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME MANDEL, ROBERT S.
1.3 STREET ADDRESS 9700 S. Dixie Highway, Suite 1020
1.4 CITY-ST-ZIP Miami, FL 33156-2865

2.1 TITLE S ☒ Change ☐ Addition
2.2 NAME MANDEL, RONA C.
2.3 STREET ADDRESS 9700 S. Dixie Highway, Suite 1020
2.4 CITY-ST-ZIP Miami, FL 33156-2865

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 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 with all other like empowered.

SIGNATURE:

Robert S. Mandel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert S. Mandel April 20, 1999 305-670-0671

Date

Daytime Phone #

CR2E034 (11/98)

0227902