

FILED
Mar 18 1997 8:00am
Secretary of State

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

(9)

1. Corporation Name
RESPONSE GROUP, INC.

Principal Place of Business:

20200 NE 10TH PL
MIAMI FL 33179

Mailing Address

20200 NE 10TH PL
MIAMI FL 33179-2510

2. Principal Place of Business.

21 Suite, Apt. #, etc.

22 _____
City & State:

23 _____ Zip _____ County _____

24 25

9. Name and Address of Current Registered Agent

WARECH, JOYCE
20200 N.E. 10TH PLACE
N MIAMI BEACH FL

11. Pursuant to the provisions of Sections 687.01(4) and 687.15(8), 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 agree to the provisions of Sections 687.01(5), Florida Statutes.

SIGNATURE

^aSuppliers: 14,000; Importers: 1,000; Distributors: 1,000; Wholesalers: 1,000; Retailers: 1,000.[illegible]

[105, 11]

CONCLUSIONS AND DISCUSSION

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Additions

TITLE	D
NAME	GNAM, RENE
STREET ADDRESS	1 RESPONSE ROAD
CITY - ST - ZIP	TARPON SPRINGS FL

TITLE	P
NAME	WARECH, JOYCE
STREET ADDRESS	20200 NE 10TH PL
CITY - ST - ZIP	N MIAMI BEACH FL

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE

81 | Name: _____

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

83

84 City

FL

|85| Zip Codes

CR2E034 (9/96)