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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 647781

(4)

S & RM ENTERPRISES, INC.

FILED Mar 27 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing A	Mailing Address						
34 N.E. 54TH STREET 34 N.E. 54TH STREET									
MIAMI FL 3313	37	MIAMI FL	MIAMI FL 33137				DO NOT WRITE IN THIS SPACE		
								3. Date Incorporated or Qualified	
								12/11/1979	
2. Principal Place of Business 2e, Mailing Address								4. FEI Number Applied For	
21		26					59-1949335 Not Applicable		
Suite, Apt. i	#, etc.		Suite, Apt. #, etc.				\$8.75 Additional		
22		27	27				5. Certificate of Status Desired Fee Regulred		
City & State	Э	City &	City & State				6. Election Campaign Financing \$5.00 May Be		
23		28	28				Trust Fund Contribution Added to Fees		
Zip		Country	Zip Coul			ıntry	•	8. This corporation owes or has paid the current year Intangible	
24					30				
9, Name and Address of Current Registered Agent								10. Name and Address of New Registered Agent	
PAL	JL-NOEL, STA	AODER				81 Name			
944	0 S.W. 147TI					Street A	Address (P.O. Box Number is Not Acceptable)		
MIA	MI FL 33176								
						83			
						84	City	85 Zip Code	
						**	City	FL 60 Zip code	
office or re	ogistered agen	it, or both, in the Sta	te of Florida. Suc	h change was	authorized	d by	the corp	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered	
	m f a miliar with,	and accept the obl	igations of, Section	on 607.05 0 5, F	lorida Stat	utes	3 .		
SIGNATURE	Signature, typed or p	printed name of registered a	agent and title if applica	bie (NO	TE: Registered	d Age	int signature i	required when reinstating) DATE	
12.	- 	OFFICERS A	ND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P			DELETE	1.1 TO	TLE		Change Addition	
NAME	PAUL-NOEL, STAODER				1.2 N/	1.2 NAME			
STREET ADDRESS	9440 SW 1	147TH ST.		1.3 \$		REET	ADORESS		
CITY-ST-ZIP	MIAMI FL			1.4 CI		TY-S	T-ZIP		
TITLE				DELETE 2.1 TIT		TLE		Change Addition	
NAME				2.2 N		AME			
STREET ADDRESS				2.3 ST		REET	ADDRESS		
CITY-ST-ZIP					2.4 C	ITY-S	ST-ZIP		
TITLE				DELETE 3.1 TIT		TLE		Change Addition	
NAME					3.2 NAI		1		
STREET ADDRESS	ADDRESS				3.3 STF		ADDRESS		
CITY-ST-ZIP					3.4. C	ITY-S	ST-ZIP		
TITLE				DELETE	4.1 TI			Change Addition	
NAME					4.2 NAME		J		
STREET ADDRESS					4.3 ST	REET	ADDRESS		
CITY-ST-ZIP					4.4 CI	TY-S	T-ZIP	•	
TITLE						5.1 TITLE		Change Addition	
NAME					5.2 NAME		}		
STREET ADDRESS					5.3 ST	AEET	ADDRESS		
CITY-ST-ZIP					5.4 C(
TITLE						6.1 TITLE		Change Addition	
NAME					6.2 NA				
STREET ADDRESS					1		ADDRESS		
CITY-ST-ZIP					6.4 CI				
14. I hereby c	ertify that the in	nformation supplied	with this filing do	es not qualify t	for the exe	empi	tion stated	d in Section 119.07(3)(i), Florida Statutes. I further certify that the information	
indicated of officer or o	on this annual i director of the c	report of supplemen	ntal annual report ceiver or trustee	is true and ac empowered to	curate and	d tha	at my s i gn	nature shall have the same legal effect as if made under oath; that I am an required by Chapter 607, Florida Statutes; and that my name appears in	