

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

FILED

Apr 08 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 676572 (1)

1. Corporation Name:
R & M MANAGEMENT, INC.Principal Place of Business
2070 NORTHEAST 194 TERRACE
NORTH MIAMI BEACH FL 33179Mailing Address
2070 NORTHEAST 194 TERRACE
NORTH MIAMI BEACH FL 33179-3626

3. Date Incorporated or Qualified 07/16/1980	3a. Date of Last Report 04/08/1996
4. FEI Number 65-0031532	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 2875 N.E. 191st St. Suite, Apt. #, etc. 22 702-A City & State 23 Aventura, FL Zip Country 24 33180	2a. Mailing Address 26 2875 N.E. 191st St. Suite, Apt. #, etc. 27 702-A City & State 28 Aventura, FL Zip Country 29 33180
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9. Name and Address of Current Registered Agent

ROZEN, DAVID L.
2070 N.E. 194TH TERRACE
N. MIAMI BEACH FL 33179

10. Name and Address of New Registered Agent

81 Name	Rozen, David L.
82 Street Address (P.O. Box Number is Not Acceptable)	2875 N.E. 191st St Suite 702-A
83	
84 City	Aventura, FL
85 Zip Code	33180

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 of principal officer or director of registered agent and title if applicable

DAVID L. ROZEN

(NOTE: Registered Agent signature required when reinstating)

DATE

4/1/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROZEN, DAVID L.	1.2 NAME	
STREET ADDRESS	2070 NE 194 TERRACE	1.3 STREET ADDRESS	2875 N.E. 191st St. Suite 702-A
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Aventura, FL 33180
TITLE	VDS	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, SHELDON B.	2.2 NAME	
STREET ADDRESS	2875 NE 191 STREET 702 A	2.3 STREET ADDRESS	2875 N.E. 191st St. Suite 702-A
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Aventura, FL 33180
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(i), Florida Statutes. I further certify that the information included 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID L. ROZEN

Date

Day/Mo/Yr #

4/1/97 (305) 935-9300

CR2E034 (9/96)