

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H51779 (7)

1. Corporation Name
R & M APTS., INC.

Principal Place of Business % BORIS ROSEN 25 S.E. 2ND AVE. #220 MIAMI FL 33131	Mailing Address % BORIS ROSEN 25 S.E. 2ND AVE. #220 MIAMI FL 33131
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

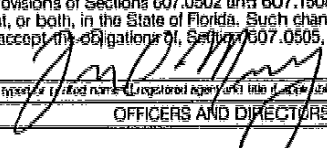
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 04/11/1985		3a. Date of Last Report 02/01/1994	
4. FEI Number 59-2517978		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 MURRAY, FRANK 8101 BISCAYNE BLVD., #200 SUITE 200 MIAMI FL 33138		10. Name and Address of New Registered Agent 81 Name FRANK MURRAY 82 Street Address (P.O. Box Number is Not Acceptable) 10800 BISCAYNE BLVD. #950 83 84 City MIAMI FL 85 Zip Code 33161	
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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  FRANK MURRAY 1-18-95 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MURRAY, FRANK 8101 BISCAYNE BLVD., #200 MIAMI FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	D MURRAY, FRANK 10800 BISCAYNE BLVD. #950 MIAMI FLORIDA 33161
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTS ROSEN, BORIS 25 S.E. 2ND AVE. MIAMI FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 or changed upon an attachment with an address.

SIGNATURE:  BORIS ROSEN 1/11/95 305-374-2001