FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 24 PM 2:17

DOCUMENT # H51779 (7)

1. Corporation Name

R & M APTS., INC.

Principal Place of Business	Mailing Address
% BORIS ROSEN 25 S.E. 2ND AVE. #220 MIAMI FL 33131	% BORIS ROSEN 25 S.E. 2ND AVE. #220 MIAMI FL 33131

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/11/1985
3a. Date of Last Report: 02/01/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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

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 my obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] FRANK MURRAY 1-18-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

14. I/We hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: [signature] BORIS ROSEN 1/11/95 305-374-2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0131846 CP