

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

5-17-95 - 1 PM 2:27

COMMONWEALTH OF STATE
OF FLORIDA, FLORIDA

DOCUMENT # H62282

(9)

1. Corporation Name

R.F.M. CONSTRUCTION INC.

Principal Place of Business

2055 S.W. 27TH LANE
#121
MIAMI FL 33133
US

Mailing Address

2055 S.W. 27TH LANE
MIAMI FL 33133
US

2. Principal Place of Business

21 2055 S.W. 27th LANE

26 Mailing Address

26 Suite Apt. # etc.

27 Suite Apt. # etc.

22 City & State

23 MIAMI FL 33133

28 City & State

28 City & State

24 Zip

24 33133

25 COUNTY

25 DADE

29 Zip

30 Zip

9. Name and Address of Current Registered Agent

MCELROY, RAYMOND F.
2055 S.W. 27TH LANE
MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

85 Zip Code

11. Pursuant to Sections 601.001 and 601.002, Florida Statutes, the above-named corporation submits the statement for the purpose of changing its registered office or registered agent. The change of Florida Statute was authorized by the corporation's Board of Directors. I hereby accept the appointment as registered agent. I am aware of the penalties if the filing is not made in accordance with Florida Statutes.

SIGNATURE

OFFICER AND DIRECTOR

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

12.	13.	14.	15.
PVS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	Change	Addition
MNAME	1. NAME		
2355 S.W. 27TH LANE	2. STREET ADDRESS		
MIAMI FL	3. CITY, STATE		
TD	4. ZIP		
MNAME	5. NAME		
2355 S.W. 27TH LANE	6. STREET ADDRESS		
MIAMI FL	7. CITY, STATE		
	8. ZIP		
	9. NAME		
	10. STREET ADDRESS		
	11. CITY, STATE		
	12. ZIP		
	13. NAME		
	14. STREET ADDRESS		
	15. CITY, STATE		
	16. ZIP		
	17. NAME		
	18. STREET ADDRESS		
	19. CITY, STATE		
	20. ZIP		
	21. NAME		
	22. STREET ADDRESS		
	23. CITY, STATE		
	24. ZIP		
	25. NAME		
	26. STREET ADDRESS		
	27. CITY, STATE		
	28. ZIP		

14. I hereby certify that the information supplied with this filing is voluntary, furnished and done in good faith, for the purpose indicated as set forth in Chapter 601, Florida Statutes. I further certify that the officer whom I selected as the additional officer or supplemental director is qualified and a citizen and that my signature shall bear the same imprint of my signature that appears on Block 12 of the Florida Statute and my name shall appear in full, with all initials, in capital letters, in ink, printed, or typed, and affixed with an address.

SIGNATURE:

SIGNATURE ARE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-95 305-851-0175

Date