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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

May 07 1997 8:00am

Secretary of State

## Sandra B. Morthem

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # H87123

(6)

RECORDS RESEARCH ASSOCIATES, INC.

| Principal Place 13324 SW 128 MIAMI FL 3318 | ST   | Mailing Address 13324 SW 128 ST MIAMI FL 33196-5807   |   |  |  |
|--|--|---|---|--|--|
|  |  |   |   | 3. Date Incorporated or Qualified 11/26/1985   | 3a. Date of Last Report 05/17/1996                             |
| ·  | lace of Business   | 2a. Mailing Address   |   | 4. FEI Number  | Applied For  |
| Suite Apt                                  | # ate  | Suite, Apt. #, etc.   |   | 59-2622327   | Not Applicable  \$8.75 Additional                              |
| 22   | w. 010.  | 27  |   | 5. Certificate of Status Desired   | Fee Required   |
| City & State                               | 0  | City & State  |   | 6. Election Campaign Financing   | \$5.00 May Be  |
| 23   |  | 28  |   | Trust Fund Contribution  | Added to Fees  |
| Zip  | Country  | Zip   | Country   | 8. This corporation has liability for in   | tangible tax under s. 199.032,                                 |
| 24   | 9. Name and Address of Curre   | nt Registered Agent   | 30  | Florida Statutes  10. Name and Address of New Reg                                    | Yes No   |
|  | HMITT, LLOYD B   | III vodistelen våelit   | 81 Name   | ID. Name and Address of New York   | installed whole  |
|  | 5 SW 76 TER  |   |   |  |  |
|  | MI FL 33143  |   | 82 Street Add   | ress (P.O. Box Number is Not Acceptable  | e)   |
| MIP  | MI FL 03 143   |   | 83  |  |  |
|  |  |   |   |  |  |
|  |  |   | 84 City   |  | FL 85 Zip Code   |
|  | to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the oblig | 02 and 607.1508, Florida Statu<br>e of Florida. Such change was<br>pations of, Section 607.0505, Fl | ies, the above-named corp<br>authorized by the corpora<br>orida Statutes. | poration submits this statement for the pution's board of directors. I hereby accept | rpose of changing its registered the appointment as registered |
| SIGNATURE                                  | Signature, typed or printed name of registered ag  | ent and little if applicable (NOI   | E: Registered Agent signature requi                                       | red when reinstating)  | DATE   |
| 12.  | OFFICERS AN  | ID DIRECTORS  | 13.   | ADDITIONS/CHANGES TO OFFICE  | ERS AND DIRECTORS IN 12  |
| THE  | PD   | ☐ DELETE  | 1.1 TITLE   |  | Change Addition  |
| NAME                                       | RICCO, WILLIAM R.  |   | 1.2 NAME  |  |  |
| STREET ADDRESS                             | 19065 S.W. 128 COURT   |   | 1.3 STREET ADDRESS  |  | `  |
| CITY - ST - ZIP                            | MIAMI FL   |   | 1.4 CITY-ST-ZIP   |  |  |
| THILE                                      | T  | ☐ DELETE  | 2.1 TITLE   |  | ☐ Change ☐ Addition  |
| NAME                                       | almanza, mary-beth   | •   | 2.2 NAME  |  |  |
| STREET ADDRESS                             | 19415 N.W. 79TH PLACE  |   | 2.8 STREET ADDRESS  |  |  |
| CITY - ST - ZIP                            | MIAMI FL   |   | 2.4 CITY-ST-ZIP   |  |  |
| TITLE                                      | SO   | ☐ DELETE  | 3.1 TITLE   |  | Change Addition  |
| NAME                                       | SCHMITT, LLOYD B.  |   | 3.2 NAME  |  |  |
| STREET ADDRESS                             | 6625 SW 76 TERR.   |   | 3.3 STREET ADDRESS  |  |  |
| CITY - ST - ZIF                            | MIAMI FL   | L Drutte  | 3.4. CITY-ST-ZIP  | <del></del>  | L Channe L Latinian  |
| TITLE                                      |  | ☐ DELETE  | 4.1 TITLE   |  | ☐ Change ☐ Addition  |
| NAME                                       |  |   | 4.2 NAME  |  |  |
| STHEET ADDRESS                             |  |   | 4.3 STREET ADDRESS  |  |  |
| CITY S1-7IP                                |  | DELETE  | 4.4 CRY-ST-ZIP<br>5.1 TITLE   |  | Change Addition  |
| NAME                                       |  | - Deceie  | 5.2 NAME  |  | and and the supplier   |
|  |  |   |   |  |  |
| STREET ADDRESS                             |  |   | 5.3 STREET ADDRESS  |  |  |
| CITY-ST-ZIP<br>TITLE                       |  | DELETE  | 5.4 CITY - ST - ZIP<br>6.1 TITLE  |  | Change Addition  |
| NAME                                       |  |   | 6.2 NAME  |  | <u> </u>   |
| STREET ADORESS                             |  | 4   | 6.3 STREET ADDRESS  |  |  |
| STREET PROJECTS                            |  |   | V.S STILL / PAPERLOS  |  |  |

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 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 path; 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 ghanged or on an attachment with an address

SIGNATURE: