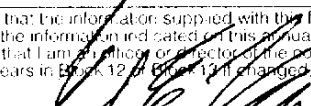


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

*PROFIT CORPORATION ANNUAL REPORT 1996		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # J44078 (0) 1. Corporation Name R & M CONSULTING SERVICES, INC.			
Principal Place of Business % RAFAEL DIAZ Gil E. Vicaria 8378 NW 68 ST MIAMI FL 33166		Mailing Address % RAFAEL DIAZ Gil E. Vicaria 8378 NW 68 ST MIAMI FL 33166	
2. Principal Place of Business 21 11913 NW 99th Avenue Suite, Apt #, etc. 22		2a. Mailing Address 26 11913 NW 99th Avenue Suite, Apt #, etc. 27	
City & State 23 Hialeah Gardens, Florida		City & State 28 Hialeah Gardens, Florida	
Zip 24 33016		Zip 29 33016	
Country 25 USA		Country 30 USA	
3. Date Incorporated or Qualified 11/20/1986		3a. Date of Last Report 07/07/1995	
4. FEI Number 59-2743374		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. 193.032, Florida Statutes ☐ Yes ☒ No			
9. Name and Address of Current Registered Agent VICARIA, GIL E 7400 N AUGUSTA DRIVE MIAMI FL 33015		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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 typed or printed name of registered agent and the applicable (If (D), Registered Agent signature required when terminating.) DATE			
12. OFFICERS AND DIRECTORS			
TITLE	DT	☐ DELETE	
NAME	DIAZ, MARYSELVA		
STREET ADDRESS	7400 N. AUGUSTA DR.		
CITY- ST- ZIP	MIAMI FL		
TITLE	D	☐ DELETE	
NAME	VICARIA, GIL E.		
STREET ADDRESS	7400 N. AUGUSTA DR.		
CITY- ST- ZIP	MIAMI FL		
TITLE	S	☐ DELETE	
NAME	VICARIA, SELVA		
STREET ADDRESS	7400 N. Augusta Drive		
CITY- ST- ZIP	Miami, FL		
TITLE		☐ DELETE	
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		☐ DELETE	
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		☐ DELETE	
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
11 TITLE	☐ Change ☐ Addition		
12 NAME			
13 STREET ADDRESS			
14 CITY- ST- ZIP			
21 TITLE	☐ Change ☐ Addition		
22 NAME			
23 STREET ADDRESS			
24 CITY- ST- ZIP			
31 TITLE	☐ Change ☒ Addition		
32 NAME	S		
33 STREET ADDRESS	VICARIA, SELVA		
34 CITY- ST- ZIP	7400 N. Augusta Drive Miami, Florida		
41 TITLE	☐ Change ☐ Addition		
42 NAME			
43 STREET ADDRESS			
44 CITY- ST- ZIP			
51 TITLE	☐ Change ☐ Addition		
52 NAME			
53 STREET ADDRESS			
54 CITY- ST- ZIP			
61 TITLE	☐ Change ☐ Addition		
62 NAME			
63 STREET ADDRESS			
64 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 119.07(3)(x), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: 		6/18/96	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Gil E. Vicaria		305-471-3407	

CR2E034 (3/96)