FILI	E NOW: I	FILING FEE A	FTER MAY	1 IS \$22	5.00				
PROFIT CORPORATION ANNUAL REPORT 1996			FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS						
DOCUMENT # J63504 (1)									
		RS SERVICE, INC.	•			1 (88)		it dide didet gjalj gjalj	<u> </u>
Principal Place of Business Mailing Address									
6982 NW 51 ST Miami Fl 33166			6992 NW 51 ST MIAMI FL 33166						
							orporated or Qualified 9/1987	3a. Date of Las	•
Principal Place of Business 21			2a. Mailing Address 26			4. FEI Numb		-	Applied For Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc. [27]				e of Status Desired		75 Additional se Required
Crty & State 23 Zip Country			City 8 State			Trust Fun	Campaign Financing d Contribution	Ad	.00 May Be ided to Fees
24	25 9. Name and	Country Address of Current R	Zip 29 Registered Agent	30 Coun	try	Florida St		: No	rs 199.032,
			iogistored rigerit	ε	Name	10, Ivaine au	nd Address of New R	legistered Agent	
CARRILLO, VICENTE 4666 NW 69TH AVE					Street A	ddress (P.O. Box Nu	imber is Not Acceptab	ole)	
MIAMI FL 33166					13	-, <u>.</u>			
,					14 City			FL 85	Zip Code
 Pursuant to or registere familiar wit 	o the provisions of ad agent, or both th, and accept the	of Sections 607.0502 an i, in the State of Florida. e obligations of, Section	id 607.1508, Florida Sta Such change was auth 607.0505, Florida Stah	atutes, the above norized by the co utes	e-named cor rporation's b	poration submits this loard of directors. Th	s statement for the pur nereby accept the appr		ts registered office red agent. I am
SIGNATURE _		ited name of registered agent and	blic if applicable.		gont signature rec	perced when reinstating)	·····	DATE	
12.	T KK	OFFICERS AND D		13.		ADDITION	IS/CHANGES TO OFF		TORS IN 12
TITLE NAME .	PD • CARRILLO,	MOENTE	☐ DELETE	1 1 1111				☐ Chang	ge 🔲 Addition
STREET ADDRESS		. 116TH STREET		1.2 NAM	ļ				
CITY-ST-ZIP	MIAMI FL	, Hom oner			FT ADDRESS -ST-7/P				
TITLE	STD		DELETE	2 1 1lit		**************************************		☐ Chang	ge 🔲 Addition
NAME		LO, ANA M.		2 2 NAM				L., V	io [Nadino i
STREET ADDRESS		. 116TH STREET		2.3 \$165	E1 ADDRESS				
CITY-ST-ZIP	MIAMI FL			2.4 CITY					
TITLE			DELETE	3. 1 TITL				Chang	e 🔲 Addition
NAME STREET ADDRESS				3.2 NAM					i
City-St-ZiP					EE1 ADDRESS				
TITLE	ļ ————————————————————————————————————		DELETE	34 Cri Y 4 1 TH L				F1 Char	a El Addition
NAME			[]	4.2 NAM	- 1			Chang	e 🔲 Addition
STREET ADDRESS					ET ADDRESS				

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)(k), 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 cath; 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 17 of chart jed, or on an attachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 6.4 CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

4.4 CITY - \$1 - 7IP

5. 1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

TITLE

NAME

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-2IP

DITY-ST-ZIP

DELETE

[] DELETE

80000184031@ -05/28/96--01022--050 ***225.00

Change

Addition

Add tion