PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90068 031 ***158.75

7. Corporation	MENT # K06786 RST & ASSOCIATES, INC.						. 1111 11811 81811 81811 81811	. 1/1// 1/1// /11/
D.C. C. ADI								
Principal Place of Business Mailing Address							-	
2601 S BAYSHORE DR. STE 250 2601 S BAYSHORE DR. STE							•	
COCONUT GROVE FL 33133 COCONUT GROVE FL 33133 US US			J			DO NOT WRITE	IN THIS SPACE	
	. *	50				3. Date Incorporated or Qualifed		
						12/14/1987		
Principal Place of Business 2a. Mailing Address					- 1	4. FEI Number	. A	pplied For
21 26		26				65-0015604	N	ot Applicable
- 7 '		Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		Additional
22		27					Fee R	equired
City & Sta	te	— ·	City & State		6	6. Election Campaign Financing		May Be
23 28						Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Country	1	8	8. This corporation owes the current	· _=	
24	9. Name and Address of Current	29 Special Agent	30			Personal Property Tax. D. Name and Address of New Regions Output	Yes	□No
	o. Italie and Address of Cultera	registered Agent	81	Name		o. Name and Address of New Regi	istereu Ayent	
HAY	HURST, PATRICIA							
2601 S. BAYSHORE DR			82	Street A	Address	ess (P.O. Box Number is Not Acceptable)		
SUITE 250			83			· · · · · · · · · · · · · · · · · · ·		
COCONUT GROVE FL 33133								
			84	City			FL 85 Zip	Code
11. Pursuant office or agent. I a	to the provisions of Sections 607.0502 registered agent, or both, in the State of the familiar with, and accept the obligation	and 607.1508, Florida Statute Florida. Such change was auns of, Section 607.0505, Flor	es, the abov thorized by ida Statutes	e-named of the corpo	corporation's b	on submits this statement for the pur board of directors. I hereby accept th		s registered egistered
SIGNATURE							4	
12.	Signature, typed or printed name of registered agent a OFFICERS AND		Registered Age	nt signature re	required when		DATE	200 1142
TITLE	PCEO	DELETE	1.1 TITLE	<u>_</u>	1	ADDITIONS/CHANGES TO OFFICE	Change	Addition
NAME	HAYHURST, PATRICIA I		1.2 NAME					
STREET ADDRESS				1.3 STREET ADDRESS				
CITY-ST-ZIP	0000117 00017 11			1.4 City-St-ZiP				1
TITLE	EVP	☐ DELETE	2.1 TITLE	1-27			Change	Addition
NAME	ESPINOSA, ILEANA		2.2 NAME				_ •	_
STREET ADDRESS		250		ADDRESS				1
CITY-ST-ZIP	COCONUT GROVE FL		2. 4 CITY-5	ļ	}		•	·
TITLE	SVP	☐ DELETE	3.1 TITLE				Change	☐ Addition
NAME	CENTANO, MICHAEL		3.2 NAME			•		
STREET ADDRESS			3.3 STREET	ADDRESS				
CITY-ST-ZIP	MIAMI FL		3.4. CITY-5					
TITLE	SVP	☐ DELETE	4.1 TITLE				☐ Change	☐ Addition
NAME	CARDO, MARIBEL		4.2 NAME			· —, · —, · —, · —, · —, · —, · —, · —,		
STREET ADDRESS	18703 N.W. 77TH PL		4.3 STREET	ADDRESS				
CITY-ST-ZIP	MIAMI FL		4.4 CITY-S	r-ZIP				
TITLE		DELETE	5.1 TITLE				☐ Change	☐ Addition
NAME			5.2 NAME	ł		•		
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY-ST-ZIP			5.4 CITY-\$	r-ziP				
TITLE		☐ DELETE	6.1 TITLE				☐ Change	☐ Addition
NAME	l e e e e e e e e e e e e e e e e e e e		6.2 NAME				* *	
STREET ADDRESS			6.3 STREET	ADDRESS				
own or an			# C 4 O(T) / O	- 745				i i

14. I 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 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 attackment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-99 38-857-0002 Daytime Phone #

CR2E034 (11/98)