

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # K14620 (4)

1. Corporation Name

R.H. CONNECTION, INC.

Principal Place of Business

1010 W. 23RD ST.  
HIALEAH FL 33010

Mailing Address

1010 W. 23RD ST.  
HIALEAH FL 33010



3. Date Incorporated or Qualified

02/05/1988

3a. Date of Last Report

01/24/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

RAMIREZ, JR., CARLOS  
7410 W. 32ND LANE  
HIALEAH FL 33016

10. Name and Address of New Registered Agent

81

Name

Ramirez, Jr. Carlos

82

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

360 E. 55th St.

83

84

City

Hialeah

FL

85

Zip Code

33012

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

*Carlos Ramirez*

(NOTE: Registered Agent signature required when reinstating)

2/12/96

12. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> DELETE
NAME	RAMIREZ, CARLOS, JR.	
STREET ADDRESS	7410 W. 32ND LANE	
CITY-ST-ZIP	HIALEAH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GUTIERREZ, ARAIRIS	
STREET ADDRESS	7410 W. 32ND LANE	
CITY-ST-ZIP	HIALEAH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Ramirez, Carlos Jr.	
1.3 STREET ADDRESS	360 E. 55th St.	
1.4 CITY-ST-ZIP	Hialeah, FL 33012	
2.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Ramirez, ARAIRIS	
2.3 STREET ADDRESS	360 E. 55th St.	
2.4 CITY-ST-ZIP	Hialeah, FL 33012	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(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 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, on an attachment with an address.

SIGNATURE:

*Carlos Ramirez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/96

Date

305-888-1674

Daytime Phone #

CR2E034 (12/95)