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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(5)

FILED Mar 04 1997 8:00am Secretary of State

Corpo	ration	/T⊏TN Nar⊩e	•	##	N	J	0(Э;	

R.S.T. INVESTMENTS, INC.

Principal Place of Business Mailing Address						HORA DIBHI DIDII D	AR BIRIL B	
1201 S. OCEAN DR., APT		1201 S. OCEAN DR., APT. 1409 S						
HOLLYWOOD FL 33019		HOLLYWOOD FL 33019-21	\$1			la b		
					 Date Incorporated or Qualified 10/14/1988 	3a. Date o 03/29/1		eport
2. Principal Place of Bi	usiness	2a. Mailing Address			4. FEI Number 65-0106089			plied For t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	□ \$	8.75 A	dditional quired
City & State		City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 Added to	
Ζ(ρ 24	Country 25	Zip 29	30 Cou	intry	8. This corporation has liability for i	ntangible tax		199.032,
9. Na	me and Address of Curren	t Registered Agent			10. Name and Address of New Re	gistered Age	nt	
TRUDEL, CA				81 Name				
1201 S OCE APARTMENT				82 Street Add	fress (P.O. Box Number is Not Acceptab	le)		
HOLLYWOO				63				
				84 City		FL 8	5 Zip (Code
agent. Lam familia SIGNATURE	r with, and accept the obligation problems and OFFICERS AN	ations of, Section 607.0505, F	lorida Sta	IUI.6S. d Agent signature requ	ition's board of directors. I hereby acception in the state of the sta	DATE		
THUE S	OF FICE NO AINI	DELETE	1.1 1	TI F	ADDITIONS/ONANGES TO OFFIC		Change	Addition
,,,c,	EL, CARMEN		1.2 N					
	CHELIEU #302			TREET ADDRESS	:		. ,	
	EIL, QUEBEC, CAN		1.4 C	ITY-ST-ZIP	219	132	3 5	E8
TITLE P		DELETE	2.1 To	TLE			Change	Addition
	EL, MAURICE		2.2 N	AME				
	CHELIEV #302			IREET ADORESS	_ 0	(0 0	/	60
CPY-SE-ZP BELOE	:IL UU	T DELETE		OTY-ST-ZIP	218	J 3/	Chance	Addition
101,E		☐ DELETE	3.1 T			Ш	unange	L. Addition
NAME OTHER ADDRESS			3.2 N					
STREET ADDRESS			•	TREET ADDRESS				
OFV-ST-ZP Tille		DELETE	3,4. (4,1 T	TLF		П	Change	Addition
NAME			4.21			<u></u>		
STREET ADDRESS			1	TREET ADDRESS				
CRTY - ST - ZiP			1	ITY-ST-ZIP				
TITE		DELETE	5.1 3				Change	Addition
NAME			5.2 N	AME				
STREET ADDRESS			5.3 S	TREET ADDRESS				
City - St - ZiP				ITY-ST-ZIP				

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 oath; that I am an officer or director of the corporation or the reggiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

TITLE NAME

STREET ADDIESS.

DELETE

Change

Addition