PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L64240

1. Corporation Name

FILED Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90053 039 *****8.75 03-02-1999 90053 040 ***150.00

R&HT	ile, inc.		,					
Principal Place	e of Business	Mailing Address				ER BIBIL BIBIL BIBIL GI	BI4 BIBN (BBI	
4300 NE 5TH A		4300 NE 5TH AVE						
OAKLAND PARK FL 33334 OAKLAND PARK FL 33334								
					DO NOT WRITE IN TI	HIS SPACE		
					3. Date Incorporated or Qualifed			
	<u></u>				04/11/1990			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	— — — —	olied For	
21		26			65-0187509		Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A Fee Red		
City & State	e	City & State			6. Election Campaign Financing	\$5.00	May Be	
23	-	28			Trust Fund Contribution	Added to		
Zip Country		Zip Country			8. This corporation owes the current year	r Intangible		_
24 25		29 30			Personal Property Tax.		□No	
9. Name and Address of Current					10. Name and Address of New Registered Agent			
CIM	LERMO DE LA ROSA		81	Name				
	NE 5TH AVE		82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
	LAND PARK FL 33334		83		<u>. </u>			
			84	City		85 Zip C	ode	
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of familiar with, and accept the obligations.	of Florida. Such change was aut	inorizea by	the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	ppointment as reg	pistered	
SIGNATURE	Signature, typed or printed name of registered agent	ANOTE: E	Decistored Age	nt signature required	d when reinstating) DATE		<u> </u>	_
12.	OFFICERS ANI		13.	nt signature require	ADDITIONS/CHANGES TO OFFICERS		RS IN 12	Š
TITLE	P/D	☐ DELETE	1.1 TITLE			Change	Addition	7
NAME	DELA ROSA, GUILLERMO A.		1.2 NAME					
STREET ADDRESS	10940 NW 17 PLACE			TADDRESS				Ì
	2004		1.4 CITY- S	ŀ				Š
CITY-ST-ZIP TITLE	D/S			1-21		☐ Change	☐ Addition	Ċ
	DELA ROSA, MARLENE							
NAME			2.2 NAME	T ADDRESS				
STREET ADDRESS	00m1 0mm100 Ft 00074					•	Ì	
CITY-ST-ZIP			2. 4 CITY-: 3 1 TITLE	S1-2P		☐ Change	[] Addition	
TITLE	1	<u> </u>					_	
NAME	HERNANDEZ, JOSE 1412 NW 58 AVE		3.2 NAME	T.4000500				
STREET ADDRESS	MARGATE FL 33063			TADDRESS			<u>-</u> -	-
CITY-\$T-ZIP	D/T	☐ DELETE	- 3.4: CffY- 4.1 TITLE	31-210		☐ Change	Addition	
TITLE			4. 2 NAME			•	•	
NAME	1412 NW 58 AVE		1					
AAADOATE EL COCCO			4.3 STREET ADDRESS					
CITY-ST-ZIP			4.4 CITY-S 5.1 TITLE	11-ZIP		☐ Change	Addition	
TITLE			5.1 IIILE 5.2 NAME		,			
NAME				T ADDRESS	w.K.		ſ	
STREET ADDRESS			5.4 CITY-S			•		
CITY-ST-ZIP		(C) per exe		11- CIF		☐ Change	Addition	
TITLE			■ 0.1 1111 ~					
_		☐ DELETE	6.1 TITLE					
NAME STREET ADDRESS		☐ DELETE	6.2 NAME	T ADDRESS		Onlango		

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 attachment with an address, with all other like empowered.

CITY-ST-ZIP