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PROFIT CORPORATION ANNUAL REPORT



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

	19	96	
DOCU			#

L64681

(4)

	RTECH, INC.									
Principal Place of Business Mailing Address C/O FANNY BASHOOR 1628 N.E. 17TH AVENUE FORT LAUDERDALE FL 33304 Mailing Address C/O FANNY BASHOOR 1628 N.E. 17TH AVENUE FORT LAUDERDALE FL 3304		UE								
							3. Date Incorporated or Qualified 04/09/1990	3a. Date o	f Last Re 01/19 9	
2. Principal Pl	lace of Business	2a.	Mailing Address	· · · · · ·			4. FEI Number	1 00,		Applied For
21		26					65-0181766			Not Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		•	Additional
City & State	e :	27	City & State				6. Election Campaign Financing			Required
23		28	on, o onaio				Trust Fund Contribution			May Be
Z _p	Country		Zip	Cour	ntry		8. This corporation has liability for i	ntangible tax		
24	25	29		30			Florida Statutes 🔲 Yes	□ No		
	9. Name and Address of Cur	rent Regist	ered Agent				10. Name and Address of New R	egistered Aç	jent	
					61	Name				
	OOR, FANNY			Ì	B2	Street Addres	s (P.O. Box Number is Not Acceptab	le)		
	I. E. 17 AVENUE				В3	·				
FI. LAL	UDERDALE, FL 33305				63					
				Ī	84	City		FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.05	502 and 607	1508 Florida Statute	es the abo	l	named cornorat	ion submits this statement for the pur		vino ite ri	enistered offic
or register	red agent, or both, in the State of Fl	longa Such	change was authorize	ed by the c	orpo	oration's board	of directors. I hereby accept the appoint	pose of charg pintment as re	gistered	agent. Lan
	ith, and accept the obligations of, S	action 607.C	J5U5, Florida Statutes.							
SIGNATURE .	Signature, typed or printed manie of registered a	oent and title if a	ripiicable (NO	TE: Registered	Agent	t signature required w	/ eri reinstating)	DATE		
12.	OFFICERS :			13.	-		ADDITIONS/CHANGES TO OFF		RECTO	RS IN 12
TITLE	D		☐ DELFTE	1.1 Tr	TLE				Change	☐ Addition
NAME	BASHOOR, FANNY			1.2 NA	ME					
STREET ADDRESS	1628 N.E. 17TH AVENUE			1.3 ST	AEET	ADDRESS				
CITY - S1 - ZIP	FORT LAUDERDALE FL			1.4 CH	TY-\$1	T-ZIP	,			
			DELETE	2. 1 Ti	TI F					☐ Addition
TITLE									Change	C Voquali
				2 2 NA					Change	☐ voamon
NAME					ME	ADDRESS			Change	רו אחמווחוו
NAME STREET ADDRESS CITY-ST-ZIP			F3 pr. Fyr	2 3 ST 2.4 Cit	ME REET TY-S1	•			•	
NAME STREET ADDRESS CHTY-ST-ZIP TITLE			☐ DELETE	2 3 ST 2.4 CH 3 1 Ti	ME REET TY-ST	•			Change Change	Addition
NAME STREET ADDRESS CHTY-ST-ZIP TITLE NAME			☐ DELETE	2 3 ST 2.4 CB 3 1 TI 3 2 NA	ME REET TY-SI TLE	T-Z-P			•	
NAME STREET ADDRESS CHY-SE-ZIP TITLE NAME STREET ADDRESS			☐ DELETE	2 3 ST 2.4 CH 3 1 TI 3 2 NA 3.3. ST	ME REET TY-SI TLE ME IREET	T-Z-P ADDRESS			•	
NAME STREET ADDRESS CHY-SI-ZIP TITLE NAME STREET ADDRESS CHY-SI-ZIP			_	2 3 ST 2.4 CH 3 1 TI 3 2 NA 3.3. ST 3.4 CH	ME REET TY-ST TLE ME IREET	T-Z-P ADDRESS			Change	Addition
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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.

SIGNATURE;

MATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/96 954-561-490