

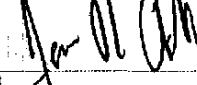


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 11 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>L69988</b> (8)					
1. Corporation Name <b>R/S CAPITAL INVESTMENT, INC.</b>					
Principal Place of Business <b>C/O JOSE R. ROCHA 1855 SOUTH STATE ROAD 7 HOLLYWOOD FL 33023</b>			Mailing Address <b>C/O JOSE R. ROCHA 1855 SOUTH STATE ROAD 7 HOLLYWOOD FL 33023-8733</b>		
2. Principal Place of Business 21 <b>784 NE 70 St.</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>784 NE 70 St.</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>05/01/1990</b>	
22 City & State 23 <b>Miami FL</b> Zip Country 24 <b>33138</b> 25 <b>USA</b>		27 City & State 28 <b>Miami FL</b> Zip Country 29 <b>33138</b> 30 <b>USA</b>		3a. Date of Last Report <b>02/07/1996</b>	
9. Name and Address of Current Registered Agent <b>ROCHA, JOSE R. 1855 SOUTH STATE ROAD 7 HOLLYWOOD FL 33023</b>				4. FEI Number <b>65-0189061</b>	
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 obligations of, Section 607.0505, Florida Statutes.				5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
SIGNATURE  (NOTE: Registered Agent signature required when reinstating)				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
12. OFFICERS AND DIRECTORS				10. Name and Address of New Registered Agent	
1.1 TITLE <b>DPS</b> <input type="checkbox"/> DELETE				81 Name <b>Rocha, Jose R</b>	
1.2 NAME <b>ROCHA, JOSE R.</b>				82 Street Address (P.O. Box Number is Not Acceptable) <b>784 NE 70 Street</b>	
1.3 STREET ADDRESS <b>1855 SOUTH STATE ROAD 7</b>				83	
1.4 CITY - ST - ZIP <b>HOLLYWOOD FL 33023</b>				84 City <b>Miami</b> FL 85 Zip Code <b>33138</b>	
2.1 TITLE <b>VT</b> <input type="checkbox"/> DELETE				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2.2 NAME <b>ROCHA, MARIA</b>					
2.3 STREET ADDRESS <b>784 NE 70 ST.</b>					
2.4 CITY - ST - ZIP <b>MIAMI FL 33138</b>					
3.1 TITLE <input type="checkbox"/> DELETE					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY - ST - ZIP					
4.1 TITLE <input type="checkbox"/> DELETE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY - ST - ZIP					
5.1 TITLE <input type="checkbox"/> DELETE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY - ST - ZIP					
6.1 TITLE <input type="checkbox"/> DELETE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY - 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 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:  4/4/97 305-757-0149					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



CR2E034 (9/96)