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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L69988

R/S CAPITAL INVESTMENT, INC.

Principal Place of Business Mailing Address

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90196 040 ***150.00



rincipal riaci	e of Dusiliess	Maining Address		
784 NE 70 ST	•	784 NE 70 ST		
MIAMI FL 3313		MIAMI FL 33138		}
US	·•	US		DO NOT WRITE IN THIS SPACE
		•		3. Date incorporated or Qualifed
				05/01/1990
2. Principal P	Place of Business	2aMailing Address	يسسح نزر	4 FEI Number Applied For
21	• •	26		65-0189061 Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.		_ \$8.75 Additional
_		}_ ¬		5. Certificate of Status Desired Fee Required
22		27		
City & Stat	te 🕠	City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible
24	25	29	30	Personal Property Tax.
	9. Name and Address of Current			10. Name and Address of New Registered Agent
	3. Name and Address of Current	Kegistered Agent	81 Na	ame
BOO	CUA IOCE D		loi Na	and
	CHA, JOSE R.		82 Str	reet Address (P.O. Box Number is Not Acceptable)
	NE 70 ST		[32] 3"	Carting of the Cartifold of the French
MIAI	MI FL 33138		83	
,,,,,r H			"	,
			84 Cit	ty 85 Zip Code
	· ·		1,1,	FL S L S C C
11. Pursuant	to the provisions of Sections 607.0502	2 and 607,1508, Florida Statute	s, the above-nar	med corporation submits this statement for the purpose of changing its registered
office or r	registered agent, or both, in the State	of Florida. Such change was au	thorized by the o	corporation's board of directors. I hereby accept the appointment as registered
agent. I a	im familiar with, and accept the oblight	ions of, Section 607.0505, Flori	da Statutes.	1/120/99
SIGNATURE	_1\1\(\) \\d	<u></u>	ex Kock	9[0]1
	Consture based or printed the of registered agen	NOTE:	Decietared Acont pions	ature required when reinstating) IDATE
	Signature, typed or printed name of registered agent			
12.	FICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12. TITLE	DPS FICERS ANI	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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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.

SIGNATURE:

AND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

kg 305-757-014