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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLÖRIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # L74655 R & M INTERNATIONAL, INC.

(6)

Mailing Address

FILED Apr 29 1997 8:00am Secretary of State

PIOI SHERIDAI HOLLYWOOD F	n Street Fl. 33024	7101 SHERIDAN STREE HOLLYWOOD FL 33024-						
	<u> </u>	·		3. Date incorporated or Qualified 05/22/1990	3a. Date of Last Report 05/21/1996			
	lace of Business	2a. Mailing Address			4. FEI Number	- 		Applied For
Sulte, Apt	#. etc.	26 Suite, Apt. #, etc.			65-0199504			Not Applicabl
22	,	27			5. Certificate of Status Desired			75 Additional e Required
City & State	в	City & State			6. Election Campaign Financing			00 May Be
23 Zip	Country	28			Trust Fund Contribution			ded to Fees
24	25	7ip 29	Country 30	<i>(</i>	This corporation has liability for in Florida Statutes	ntangible Yes [er s. 199.032,
	9. Name and Address of Curr				10. Name and Address of New Reg		7	
	ICINIK, FRANK J.		81	Name				
2128 HOLLYWOOD BLVD. HOLLYWOOD FL 33020			Street Addi	Address (P.O. Box Number is Not Acceptable)				
) i		•	83					
			84	City			85	Zip Code
Ad Discussion	10 th 2	00 - 1007 1000 E1-11-0	.	l	poration submits this statement for the plion's board of directors. I hereby accep	FL		•
SIGNATURE	Signature, typed or printed name of registered a	igent and title if applicable. (N ND DIRECTORS	IOTE: Registered Age	ent signature requi	red when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE FRS AND	DIREC	TORS IN 12
TITLE	PTD	DELETE	1.1 TOLE		ADDITIONS/CHANGES TO OFFIC		Chai	
NAME '	ANDRADE, MARIA C.		1.2 NAME			·		
STREET ADDRESS	7101 SHERIDAN STREET		1.3 STREET	ADDRESS				
CITY-ST-ZIP	HOLLYWOOD FL VSD		14 CITY - S	ST-ZIP				
NAME	ANDRADE, RAFAEL E.	☐ DELETE	21 TITLE			i	Chai	nge [_] Addition
STREET ADDRESS	7101 SHERIDAN STREET		2 2 NAME 2 3 STREET	ADDRESS				
CITY-SY-ZIP	HOLLYWOOD FL		2. 4 CiTY-					
TITLE		DELFTE	3.1 TITLE				Chai	oge 🔲 Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET	ADDRESS				
CTY-ST-ZIP		DELETE	3.4. CITY - 5	ST-ZIP			T Cha	Adams
NAME		[_] but it	4.1 TITLE 4. 2 NAME				Char	nge L Addition
STREET ADDRESS			4.2 NAME	ADDRESS				
City-St-ZIP			4.4 CITY - S					
TITLE		DELETE	5.1 TITLE				Char	ige Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY-ST-ZIP		- Trust	5.4 CHY-S	T - 7IP		·····	10	
NAME		☐ DELEJE	6.1 TOLE			i	Char	ige L Addition
STREET ADDRESS			6.2 NAME 6.3 STREET	ADDRIGE				
CITY-ST-ZIP			6.4 CITY - S					

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