FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 1:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L78059** **(7)**

1. Corporation Name
R H IMPROVEMENT CORPORATION

Principal Place of Business	Mailing Address
JOE ROBBIE STADIUM 2269 N.W. 199TH ST. MIAMI FL 33056	JOE ROBBIE STADIUM 2269 N.W. 199TH ST. MIAMI FL 33056

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/04/1990	3a. Date of Last Report: 04/27/1994
4. FEI Number: 65-0203483	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

9. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES, INC.
801 BRICKELL AVENUE
24TH FLOOR
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~CD~~	11 TITLE	P	☒ Change ☐ Addition
NAME	~~ROBBIE, TIMOTHY J.~~	12 NAME	Andersen, Richard L.	
STREET ADDRESS	~~2269 N.W. 199 ST.~~	13 STREET ADDRESS	2269 NW 199 ST	
CITY-ST-ZIP	~~MIAMI FL~~	14 CITY-ST-ZIP	Miami, FL 33056	
TITLE	~~PD~~	21 TITLE	DVPS	☒ Change ☐ Addition
NAME	~~ROBBIE, DANIEL, T~~	22 NAME	Rochon , Richard C.	
STREET ADDRESS	~~2269 N.W. 199TH CT~~	23 STREET ADDRESS	2269 NW 199 ST	
CITY-ST-ZIP	~~MIAMI FL~~	24 CITY-ST-ZIP	Miami, FL 33056	
TITLE	~~CVD~~	31 TITLE	T	☒ Change ☐ Addition
NAME	~~ROBBIE, JANET, L~~	32 NAME	Barr, Adrian	
STREET ADDRESS	~~2269 N.W. 199TH CT~~	33 STREET ADDRESS	2269 NW 199 ST	
CITY-ST-ZIP	~~MIAMI FL~~	34 CITY-ST-ZIP	Miami, FL 33056	
TITLE	~~EV~~	41 TITLE		☐ Change ☐ Addition
NAME	~~JONES, EDDIE, J~~	42 NAME	400001471614	
STREET ADDRESS	~~2269 N.W. 199TH CT~~	43 STREET ADDRESS	-05/02/95--01144--015	
CITY-ST-ZIP	~~MIAMI FL~~	44 CITY-ST-ZIP	****200.00 ****200.00	
TITLE	~~S~~	51 TITLE		☐ Change ☐ Addition
NAME	~~TUFF, JANN, M~~	52 NAME		
STREET ADDRESS	~~2269 N.W. 199TH CT~~	53 STREET ADDRESS		
CITY-ST-ZIP	~~MIAMI FL~~	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Adrian E. Barr 4-27-95 (305) 623-6100
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

Adrian Barr, Treasurer

0424441 FP