

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

FILED
Jan 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M31303 (4)
 1. Corporation Name
RRD & ASSOCIATES, INC.



Principal Place of Business 9380 S.W. 62ND STREET MIAMI FL 33173	Mailing Address 9380 S.W. 62ND STREET MIAMI FL 33173
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 04/30/1986	
4. FEI Number 59-2678020	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

DUBE, RAUL R.
9380 S.W. 62ND STREET
MIAMI FL 33173

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE	PSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUBE, RAUL R.	1.2 NAME	RAUL R. Dube
STREET ADDRESS	9380 SW 62 ST	1.3 STREET ADDRESS	9380 SW 62 ST
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI, FL 33173
TITLE	VPS <input type="checkbox"/> DELETE	2.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUBE, SHEILA K.	2.2 NAME	DUBE, SHEILA K.
STREET ADDRESS	9380 SW 62 ST.	2.3 STREET ADDRESS	9380 SW 62 ST
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI, FL 33173
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	JORGE L. DUBE
STREET ADDRESS		3.3 STREET ADDRESS	2700 NW 112 AVE.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	MIAMI, FL 33172
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: *Raul R. Dube* JAN. 12, 1998 305 594 0738

CR2E034 (10/97)