

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED
AND
FILED

95 MAY -1 PM 4:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # M43791 (6)

1. Corporation Name
RUMEL HOLDING CO.

Principal Place of Business

Mailing Address

~~2200 MURPHY TOWER, 43 W. FLAGLER ST.
MIAMI, FL 33130~~

~~C/O OWEN & FREED
2200 MURPHY TOWER, 43 W. FLAGLER ST.
MIAMI, FL 33130~~

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 12/23/1986	3a. Date of Last Report 08/15/1994
4. FEI Number 59-2747474	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	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

7241 SW 168th
MIAMI, FL
33157

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~FREED, OWEN &
2200 MURPHY TOWER, 43 W. FLAGLER ST.
MIAMI, FL 33130~~
Jane D. Vernon
7241 SW 168 St., Miami, FL 33157

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

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

Jane D. Vernon

(If "Yes" Registered Agent signature required when filing, include)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	11. TITLE
NAME	12. NAME
STREET ADDRESS	13. STREET ADDRESS
CITY, ST, ZIP	14. CITY, ST, ZIP
TITLE	21. TITLE
NAME	22. NAME
STREET ADDRESS	23. STREET ADDRESS
CITY, ST, ZIP	24. CITY, ST, ZIP
TITLE	31. TITLE
NAME	32. NAME
STREET ADDRESS	33. STREET ADDRESS
CITY, ST, ZIP	34. CITY, ST, ZIP
TITLE	41. TITLE
NAME	42. NAME
STREET ADDRESS	43. STREET ADDRESS
CITY, ST, ZIP	44. CITY, ST, ZIP
TITLE	51. TITLE
NAME	52. NAME
STREET ADDRESS	53. STREET ADDRESS
CITY, ST, ZIP	54. CITY, ST, ZIP
TITLE	61. TITLE
NAME	62. NAME
STREET ADDRESS	63. STREET ADDRESS
CITY, ST, ZIP	64. CITY, ST, ZIP

11. TITLE	☐ Change ☐ Addition
12. NAME	
13. STREET ADDRESS	
14. CITY, ST, ZIP	
21. TITLE	☐ Change ☐ Addition
22. NAME	
23. STREET ADDRESS	
24. CITY, ST, ZIP	
31. TITLE	☐ Change ☐ Addition
32. NAME	
33. STREET ADDRESS	
34. CITY, ST, ZIP	
41. TITLE	☐ Change ☐ Addition
42. NAME	
43. STREET ADDRESS	
44. CITY, ST, ZIP	
51. TITLE	☐ Change ☐ Addition
52. NAME	
53. STREET ADDRESS	
54. CITY, ST, ZIP	
61. TITLE	☐ Change ☐ Addition
62. NAME	
63. STREET ADDRESS	
64. CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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:

Jane D. Vernon

PRINT AND TYPE ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95 305-255-7777

DATE

TELEPHONE NUMBER