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Apr 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000004544 (0)

1. Corporation Name

R.R.R. SERVICES, INC.



Principal Place of Business	Mailing Address
1540 NW 203RD STREET MIAMI FL 33169	1540 NW 203RD STREET MIAMI FL 33169

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
25	30

3. Date Incorporated or Qualified	08/28/1996
4. FEI Number	65-0709212
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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
ROBERTS, HAROLEAN S 1540 NW 203RD STREET MIAMI FL 33169
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Harolean S. Roberts* *Harolean S. Roberts* 1-5-98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	ROBERTS, CLEVELAND E JR.
STREET ADDRESS	1540 NW 203RD STREET
CITY-ST-ZIP	MIAMI FL 33169
TITLE	SD
NAME	ROBERTS, PAMELA M JR.
STREET ADDRESS	1540 NW 203RD STREET
CITY-ST-ZIP	MIAMI FL 33169
TITLE	TD
NAME	ROBERTS, HAROLEAN S
STREET ADDRESS	1540 NW 203RD STREET
CITY-ST-ZIP	MIAMI FL 33169
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	Member
1.2 NAME	ANNA DANIELS D
1.3 STREET ADDRESS	18451 N.W. 37th Ave #207
1.4 CITY-ST-ZIP	OPA-LOCKA, Fla 33055
2.1 TITLE	Member
2.2 NAME	BERTHA LANKFORD D
2.3 STREET ADDRESS	6501 N.W. 19th Ave
2.4 CITY-ST-ZIP	Miami Fla 33147
3.1 TITLE	Member
3.2 NAME	VALERIA FARRINGTON D
3.3 STREET ADDRESS	1095 N.W. 85th Street
3.4 CITY-ST-ZIP	Miami Fla 33150
4.1 TITLE	Member
4.2 NAME	William BRAZIL D
4.3 STREET ADDRESS	2471 Ocean Parkway
4.4 CITY-ST-ZIP	BOYNTON Beach Fla 33435
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Harolean S. Roberts* *Harolean S. Roberts* 1-5-98

CR2E037 (10/97)