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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9200001347 (3)

R.R.L.J. INC.

**SIGNATURE:** 

## **FILED** Feb 18 1997 8:00am Secretary of State



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Principal Plac		Mailing Address	•		Transport of the state and additional and the state of th	/ = /	- 24	· · · · · · · · · · · · · · · · · · ·
9140 SW 138 STREET MIAMI FL 33156  2. Principal Flace of Business		8140 SW 136 STREET MIAMI FL 33156-6752			·			
					3. Date Incorporated or Qualified 10/30/1992		e of Last R 4/1996	eport
		2a. Mailing Address			4. FEI Number		<del></del>	plied For
21		26			65-0369704		No	t Applicable
Suite, Apt.	#. otc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 / Fee Re	
City & Stat	<del>(</del> 2)	City & State		***************************************	Election Campaign Financing     Trust Fund Contribution		\$5.00 Added	
Ζip	Country	Zφ	Cou	ntry	8. This corporation has liability for in	nyangible t	*******	
24	25	29	30		Florida Statutes	Yes [	] No	
	9. Name and Address of C	urrent Registered Agent			10. Name and Address of New Rec	gistered A	gent	
SMI	TH, RAUL L			B1 Name				
	0 SW 136 ST			82 Street Add	iress (P.O. Box Number is Not Acceptable	le)		
	MI FL 33158							
				83				
				84 City			85 Zip	Code
				0.1.3	•	FL		0000
	am familiar with, and accept the	obligations of Section 607.0505	, Florida Stat	utes.				, <b></b>
SIGNATURE	Significal type for pricles rame of register	is diagram and tilland application (	NOTE Registere	d Agent signature requ	ured when reinstating)	DATE		
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	icd agen and tilent applicable ( SIAND DIRECTORS	NOTE Registere	d Agent signature requ	ared when reinstating) ADDITIONS/CHANGES TO OFFIC	***********************	DIRECTOR	RS IN 12
12.	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			······································		***********************	DIRECTOR Change	
12.	OFFICER	S AND DIRECTORS	13.	ILE		***********************		
12. TITLE NAME	OFFICER:	S AND DIRECTORS	13. 1.1 TI 1.2 N	ILE		***********************		
12. TITLE NAME STREET ADDRESS	OFFICER PD SMITH, RAUL L	S AND DIRECTORS	13. 1.1 Ti 1.2 Ni 1.3 Si	TLE AME		***********************		
12. TITLE NAME STREET ACCRESS CITY: \$1: ZIP	OFFICERS PD SMITH, RAUL L 8140 SW 138 STREET	S AND DIRECTORS	13. 1.1 Ti 1.2 Ni 1.3 Si	TLE AME TREFT ADDRESS TY-ST-ZIP		ERS AND		Addition
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