

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

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **P93000006928 (4)**
1. Corporation Name
RSPL, INC.

Principal Place of Business Mailing Address
13710 SOUTHWEST 5657 BUILDING K MIAMI FL 33175 US **13710 SOUTHWEST 56 STREET BUILDING 40 MIAMI FL 33175 US**

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

9. Name and Address of Current Registered Agent
**SILVERMAN, ROBERT
12400 BISCAYNE BOULEVARD
NORTH MIAMI FL 33181**

APPROVED AND FILED
95 APR 28 PM 2:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified **01/28/1993** 3a. Date of Last Report **08/05/1994**
4. FEI Number **16-1360075** 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. 109.032 Florida Statutes Yes No

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 re-registering)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	SILVERMAN, ROBERT
STREET ADDRESS	12400 BISCAYNE BOULEVARD
CITY - ST - ZIP	NORTH MIAMI FL
TITLE	D
NAME	LEONARD, PAUL
STREET ADDRESS	8960 TAFT
CITY - ST - ZIP	PEMBROKE PINES FL
TITLE	D
NAME	KRAMER, BRUCE
STREET ADDRESS	1012 UNION ROAD
CITY - ST - ZIP	WEST SEWECA NY
TITLE	D
NAME	SANDLER, ROBERT
STREET ADDRESS	1012 UNION ROAD
CITY - ST - ZIP	WEST SEWECA NY
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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 110.07(3)(k), 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 checked, or on an attachment with an address.

SIGNATURE: *Robert Silverman* **Robert Silverman** 4/15/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR