

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

**FILED**  
**Feb 28 1997 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # P93000006928 (4)**

1. Corporation Name  
**RSPL, INC.**



Principal Place of Business: **13710 SOUTHWEST 56 STREET BUILDING K MIAMI FL 33175 US**  
 Mailing Address: **13710 SOUTHWEST 56 STREET BUILDING K MIAMI FL 33175-6035 US**

3. Date Incorporated or Qualified: **01/28/1993**  
 3a. Date of Last Report: **12/31/1996**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City, State, Zip, and Country.  
 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. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: **SILVERMAN, ROBERT 3201 NORTH FEDERAL HIGHWAY FORT LAUDERDALE FL 33306**  
 10. Name and Address of New Registered Agent (81-85): **Robert Sandler 3201 North Federal Highway, Suite 201 Fort Lauderdale FL 33306**

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: *[Signature]* DATE: **2/24/97**  
 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>D</b> <input type="checkbox"/> DELETE	NAME: <b>SILBERMAN, ROBERT</b>	1.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <b>Silverman, Robert</b>
STREET ADDRESS: <b>3201 NORTH FEDERAL HIGHWAY</b>	CITY-ST-ZIP: <b>FORT LAUDERDALE FL 33306</b>	1.2 NAME	1.3 STREET ADDRESS
TITLE: <b>D</b> <input type="checkbox"/> DELETE	NAME: <b>KRAMER, BRUCE</b>	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME
STREET ADDRESS: <b>3201 NORTH FEDERAL HIGHWAY</b>	CITY-ST-ZIP: <b>FORT LAUDERDALE FL 33306</b>	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
TITLE: <b>D</b> <input type="checkbox"/> DELETE	NAME: <b>SANDLER, ROBERT</b>	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME
STREET ADDRESS: <b>3201 NORTH FEDERAL HIGHWAY</b>	CITY-ST-ZIP: <b>FORT LAUDERDALE FL 33306</b>	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE: <b>D</b> <input type="checkbox"/> DELETE	NAME: <b>LAWSON, EDWARD</b>	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME
STREET ADDRESS: <b>3201 NORTH FEDERAL HIGHWAY</b>	CITY-ST-ZIP: <b>FORT LAUDERDALE FL 33306</b>	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE: <input type="checkbox"/> DELETE	NAME:	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME
STREET ADDRESS:	CITY-ST-ZIP:	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE: <input type="checkbox"/> DELETE	NAME:	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME
STREET ADDRESS:	CITY-ST-ZIP:	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

14. I do 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 1 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **2/24/97** DAYTIME PHONE: **(954) 564-4300**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2E034 (9/96)