

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P93000045758 (8)

1. Corporation Name  
R S INTEGRAL SERVICE CORPORATION

Principal Place of Business

8370 W. FLAGLER ST.  
#110-B  
MIAMI FL 33144  
US

Mailing Address

8370 W. FLAGLER ST.  
#110-B  
MIAMI FL 33144  
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/29/1993

4. FEI Number

65-0420565

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☐ No

2. Principal Place of Business

21 1691 NW 27 AVE

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

23 City & State

MIAMI FL

27 City & State

28 City & State

24 Zip

33125

25 Country

Dade

29 Zip

30 Country

9. Name and Address of Current Registered Agent

SOTOLONGO, ROSA  
8370 W. FLAGLER ST.  
#110-B  
MIAMI FL 33144

10. Name and Address of New Registered Agent

81 Name

Annette Fraga

82 Street Address (P.O. Box Number is Not Acceptable)

1691 NW 27 Ave

83

84 City

MIAMI

FL

85 Zip Code

33125

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]*

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 ☐ DELETE

NAME FRAGA, ANNETTE  
STREET ADDRESS 8370 W. FLAGLER ST., #110-B  
CITY-ST-ZIP MIAMI FL 33144

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

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CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 1691 NW 27 Ave

1.4 CITY-ST-ZIP MIAMI, FL 33125

2.1 TITLE VP ☐ Change ☒ Addition

2.2 NAME JOSE GOMEZ

2.3 STREET ADDRESS 1691 NW 27 AVE

2.4 CITY-ST-ZIP MIAMI, FL 33125

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*

7/8/98 (305)  
638-2026

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