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

PROFIT CORPORATION ANNUAL REPORT



ELORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P93000058465 (4) **DOCUMENT #**

RMJ SANDWICH CORP.

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Principal Place	of Business	Mailing Address				T THE ISBN THE LANGE LISTS AND IN	111 00 111 04 10		
2114 W 62 HIALEAH FL		2114 W 62 STREET HIALEAH FL 33016							
						3. Date Incorporated or Qualified			
2. Principal Pla	ce of Business	2a. Mailing Address				4. FEI Number			Applied For
21		26				65-0451172			Not Applicable
Suite, Apt. #	ŧ, etc.	Suite, Apt. #, etc.				5. Gertificate of Status Desired			5 Additional Required
22] City & State		City & State				Floation Commiss Financian			
23		28				Election Campaign Financing Trust Fund Contribution			00 May Be ad to Fees
Zip	Country	Zip	Cour	itry		8. This corporation has liability for	intangible t	ax under s	199.032,
24	25	29	30				□No		
	Name and Address of Currer	nt Registered Agent		т		10. Name and Address of New F	iegistered	Agent	
				81	Name				
	ALCIDES I		İ	82	Street Add	ess (P.O. Box Number is Not Acceptat	ile)		
701 BH SUITE	NCKELL AVE		}	83					
	5000 FL 33131		1	_					
talecolari i	16 20101			84	City		FL	85 Z	ip Code
SIGNATURE _	Signature, typed or printed name of registered aper OFFICERS AN	tantite italijaisase — Ni D DIRECTORS	Tit: Registered	A. p. r	Esignature respons	d when renistrating. ADDITIONS/CHANGES TO OFF	CATE	D DIRECT	OBS IN 12
TITLE	D OFFICERS AN	DELETE	1 1 1	TI F		ADDITIONS/CHANGES TO OFF		Change	Addition
NAME	MEDIO, ROBERTO JR		1.2 NA						
STREET ADDRESS	2114 W 62 STREET		1351	HEET	ADDRESS				
CITY-ST-ZIP	HIALEAH FL 33016		14 CF	Y-S	T-ZiP				
TITLE		DEFEIF	2 1 11	TLE				Change	Addition
NAME			2 2 NA	ME					
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NAME			3 2 NA		İ			onlings	
STREET ADDRESS			R .		ADDRESS				
CITY - ST - ZIP			3.4 Ci	IY-S	1 - 210				
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NAME			4.2 NA	3ML					
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NAME STREET ADDRESS			5 2 NA		ADDRESS				
CITY-ST-ZIP			5.4.01		1				
TITLE		DELETE	6 1 1					☐ Change	Addition
NAME			6 2 NA						-
STREET ADDRESS					ADDRESS				
DITY - ST - ZIP			6.4 Ci	TY-S	1 - ZIP				

14. Too hereby certify that the information supplied with this filing is voluntarily furnished and does not quarify for the exemption stated in Section 119.07(3)(k), Fiorida 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 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-96 305-821-7214