SEP-03-1996 05:08 FROM TO 8430510 P.01

APPROVED
AND
FILED
96 SEP 18 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1996

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

DOCUMENT # P93000062131 **AMENDED**

1. Corporation Name
R.L. OF MIAMI INC.

400001942064
-09/09/96--01025--025
*****61.25 *****61.25

Principal Place of Business	Mailing Address
5 S.W. 55 AVE Miami Florida 33134	

3. Date Incorporated or Qualified: 09-07-1993	3a. Date of Last Report: 1996
4. FEI Number: 65-04-36486	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	

	Mailing Address
21 Principal Place of Business: 5 S.W. 55 Ave	26 Same
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Miami Florida 33134	28 City & State
24 Zip: 33134 / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

MARIA CONSUELO PEREZ
5 S.W. 55 Ave.
Miami Florida 33134

10. Name and Address of New Registered Agent

31 Name: MARIA CONSUELO ROGERS
32 Street Address (P.O. Box Number is Not Acceptable): 5 S.W. 55 Ave
33
34 City: Miami FL 35 Zip Code: 33134

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: 9-3-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pres Vpres, Sec, Treasury Maria Consuelo Perez 5 S.W. 55 Ave Miami Fl. 33134	☒ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	PRES, VICEPRES, SECRETARY TREAS MARIA CONSUELO ROGERS 5 S.W. 55 Ave Miami Florida 33134	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

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 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] 09-03-96 305- 263-9884