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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Apr 20, 1999 8:00 am Secretary of State 04-20-1999 90173 035 ***150.00

DOCUMENT #	P930000621	31
	T JUUUUUL I	U

1. Corporation Name

R.L. OF	MIAMI INC.				t englands till fillen statt dikki dilli			. 1681 OF LIGHT	
	*								
Principal Place	e of Business	Mailing Address		_	1 1001100111111111111111111111111111111	•••••••••		1	·
5 S.W. 55TH A		5 S.W. 55TH AVE.					•		
MIAMI FL 33134 MIAMI FL 33134 US US				-	DO NOT WRITE	DO NOT WRITE IN THIS SPACE			
00			·	3. Date Incorporated or Qualifed					
					09/07/1993				1
Principal Place of Business 2a. Mailing Address				4. FEI Number		<u> </u>	plied For]	
21 26			_	65-0436486			t Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		\$8.75 A		
22 27								•	ļ
City & State		City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	•	
Zip	Country	Zip	Coun	trv	8. This corporation owes the curren	t vear Intar		01003	1
24	25	·	30	•• ,	Personal Property Tax.		∐ Yes	⊠No	ļ
	9. Name and Address of Current		301		10. Name and Address of New Re	gistered A	gent		1
			1:	Name					
l	ISUELO ROGERS, MARIA		-	32 Street Ad	ddress (P.O. Box Number is Not Acceptable	e)	:		•
	v 55th avenue			2 Sueec Ac	duress (F.S. Box (Million to Not / hoop as-	-,			
MIAN	vfl FL 33134		Ţ	33		•			
	`.	•	- 1	34 City			85 Zip (Code	1
			1.			FL	1 1		
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11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statute	es, the about thorized	ove-named co	orporation submits this statement for the pu	rpose of cl	hanging its ment as re	registered gistered	
11. Pursuant office or n agent." I'a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	and 607.1508, Florida Statute of Florida. Such change was a ions of, Section 607.0505, Flor	es, the about horized ida Statut	ove-named co by the corpora es.	orporation submits this statement for the pu ation's board of directors. I hereby accept to	rpose of cl	hanging its ment as re	registered gistered	
11. Pursuant office or nagent." I'a	museus	·			U	irpose of cl the appoint	hanging its ment as re	registered gistered	
SIGNATURE	Signature, typed or printed poins of registered agent	and title if applicable. (NOTE:	Registered A		uired when reinstating)	DATE	3-99		(98)
SIGNATURE	Signeture, typic or printed partie of registered agent	and title if applicable. (NOTE:		gent signature requ	U	DATE CERS AND	3-99		(11/98)
SIGNATURE	Signature, typed or printed poths of registered agent OFFICERS ANI	and title if applicable. (NOTE: D DIRECTORS	Registered A	gent signature requ	uired when reinstating)	DATE CERS AND	DIRECTO	PRS IN 12	34 (11/98)
SIGNATURE 12. TITLE	Signeture, typic or printed partie of registered agent	and title if applicable. (NOTE: D DIRECTORS	Registered A 13. 1.1 T/TL 1.2 NAW	gent signature requ	uired when reinstating)	DATE CERS AND	DIRECTO	PRS IN 12	E034 (11/08)
SIGNATURE 12. TITLE NAME	Signative, typled or printed poths of registered agent OFFICERS AN! PVST. CONSUELO ROGERS, MARIA	and title if applicable. (NOTE: D DIRECTORS	13. 1.1 T/TL 1.2 NAW	gent signature requ E	uired when reinstating)	DATE CERS AND	DIRECTO	PRS IN 12 ☐ Addition	R2E034 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typlig or printed poths of registrated agent OFFICERS ANI PVST. CONSUELO ROGERS, MARIA 5 SW 55TH AVENUE	and title if applicable. (NOTE: D DIRECTORS	13. 1.1 T/TL 1.2 NAW	gent signature requires	uired when reinstating)	DATE CERS AND	DIRECTO	PRS IN 12	CR2E034 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typlig or printed poths of registrated agent OFFICERS ANI PVST. CONSUELO ROGERS, MARIA 5 SW 55TH AVENUE	and title if applicable. (NOTE: D DIRECTORS DELETE	13. 1.1 TTL 1.2 NAW 1.3 STR 1.4 CITY	gent signature requires E E E E E E E E T S T S T S T S T S T S	uired when reinstating)	DATE CERS AND	DIRECTO	PRS IN 12 ☐ Addition	CD2E034 (11/08)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typlig or printed poths of registrated agent OFFICERS ANI PVST. CONSUELO ROGERS, MARIA 5 SW 55TH AVENUE	and title if applicable. (NOTE: D DIRECTORS DELETE	13. 1.1 TITL 1.2 NAW 1.3 STR 1.4 CITI 2.1 TITL 2.2 NAW	gent signature requires E E E E E E E E T S T S T S T S T S T S	uired when reinstating)	DATE CERS AND	DIRECTO	PRS IN 12 ☐ Addition	CB0E034 (11/08)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typlig or printed poths of registrated agent OFFICERS ANI PVST. CONSUELO ROGERS, MARIA 5 SW 55TH AVENUE	and title if applicable. (NOTE: D DIRECTORS DELETE	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITL 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT	E E E E E E E E T S T S T S T S T S T S	uired when reinstating)	DATE CERS AND	DIRECTO Change	ORS IN 12 Addition Addition	CR2E034 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typlig or printed poths of registrated agent OFFICERS ANI PVST. CONSUELO ROGERS, MARIA 5 SW 55TH AVENUE	and title if applicable. (NOTE: D DIRECTORS DELETE	13. 1.1 TITL 1.2 NAW 1.3 STR 1.4 CITT 2.1 TITL 2.2 NAW 2.3 STR 2.4 CIT 3.1 TITL	E E E E E E E E E T ADDRESS -ST-ZIP E E E E E E E E E E E E E E E E E E E	uired when reinstating)	DATE CERS AND	DIRECTO	PRS IN 12 ☐ Addition	CB2E034 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typlig or printed poths of registrated agent OFFICERS ANI PVST. CONSUELO ROGERS, MARIA 5 SW 55TH AVENUE	and title if applicable. (NOTE: D DIRECTORS DELETE	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CIT) 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM	E E E E E E E E E T ADDRESS -ST-ZIP E E E E E E E E T ADDRESS Y-ST-ZIP E E E E E E E E E E E E E E E E E E E	uired when reinstating)	DATE CERS AND	DIRECTO Change	ORS IN 12 Addition Addition	CR2E034 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typlig or printed poths of registrated agent OFFICERS ANI PVST. CONSUELO ROGERS, MARIA 5 SW 55TH AVENUE	and title if applicable. (NOTE: D DIRECTORS DELETE	13. 1.1 TITL 1.2 NAW 1.3 STR 1.4 CITC 2.1 TITL 2.2 NAW 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAW 3.3 STR	E E E E E E E E E E E E E E E E E E E	uired when reinstating)	DATE CERS AND	DIRECTO Change	ORS IN 12 Addition Addition	CB25034 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	Signature, typlig or printed poths of registrated agent OFFICERS ANI PVST. CONSUELO ROGERS, MARIA 5 SW 55TH AVENUE	and title if applicable. (NOTE: D DIRECTORS DELETE DELETE DELETE	13. 1.1 TITL 1.2 NAW 1.3 STR 1.4 CITT 2.1 TITL 2.2 NAW 2.3 STR 2.4 CITT 3.1 TITL 3.2 NAW 3.3 STR 3.4 CITT 3.4 CITT 3.4 CITT 3.4 CITT 3.5 CITT 3.7 C	E E E E E E E E E E E E E E E E E E E	uired when reinstating)	OATE CERS AND	DIRECTO Change	PRS IN 12 Addition Addition	CB2E034 (11/08)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typlig or printed poths of registrated agent OFFICERS ANI PVST. CONSUELO ROGERS, MARIA 5 SW 55TH AVENUE	and title if applicable. (NOTE: D DIRECTORS DELETE	13. 1.1 TITL 1.2 NAW 1.3 STR 1.4 CITC 2.1 TITL 2.2 NAW 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAW 3.3 STR 3.4 CIT 4.1 TITL 4.1 TITL	E E E E E E E E E E E E E E E E E E E	uired when reinstating)	OATE CERS AND	DIRECTO Change	ORS IN 12 Addition Addition	CD2E034 (11/08)
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typlig or printed poths of registrated agent OFFICERS ANI PVST. CONSUELO ROGERS, MARIA 5 SW 55TH AVENUE	and title if applicable. (NOTE: D DIRECTORS DELETE DELETE DELETE	13. 1.1 TIT. 1.2 NAM 1.3 STR 1.4 CIT. 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT. 3.1 TITL 3.2 NAM 3.3 STR 3.4. CIT. 4.1 TITL 4.2 NAM 4.3 STR	E E E E E E E E E E E E E E E E E E E	uired when reinstating)	OATE CERS AND	DIRECTO Change	PRS IN 12 Addition Addition	CB2E034 (11/98)
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typlig or printed poths of registrated agent OFFICERS ANI PVST. CONSUELO ROGERS, MARIA 5 SW 55TH AVENUE	and title if applicable. (NOTE: D DIRECTORS DELETE DELETE DELETE	13. 1.1 TIT. 1.2 NAM 1.3 STR 1.4 CIT. 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT. 3.1 TITL 3.2 NAM 3.3 STR 4.1 TITL 4.2 NAM 4.3 STR 4.4 CIT. 5.1 TITL 5.2 NAM 5.3 STR	E E E E E E E E E E E E E E E E E E E	uired when reinstating)	OATE CERS AND	DIRECTO Change Change Change	PRS IN 12 Addition Addition Addition	CD2E034 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typled or printed poths of registatived agent OFFICERS ANI PVST CONSUELO ROGERS, MARIA 5 SW 55TH AVENUE MIAMI FL 33134	and title if applicable. (NOTE: D DIRECTORS DELETE DELETE DELETE	13. 1.1 TIT. 1.2 NAM 1.3 STR 1.4 CIT. 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT. 3.1 TITL 3.2 NAM 3.3 STR 4.1 TITL 4.2 NAM 4.3 STR 4.4 CIT. 5.1 TITL 5.2 NAM 5.3 STR	E E E E E E E E E E E E E E E E E E E	uired when reinstating)	OATE CERS AND	DIRECTO Change Change Change	PRS IN 12 Addition Addition Addition	CD2E034 (11/08)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typlic or printed poths of registated agent OFFICERS ANI PVST CONSUELO ROGERS, MARIA 5 SW 55TH AVENUE MIAMI FL 33134	and title if applicable. (NOTE: D DIRECTORS DELETE DELETE DELETE DELETE DELETE	13. 1.1 TIT. 1.2 NAM 1.3 STR 1.4 CIT. 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT. 3.1 TITL 3.2 NAM 3.3 STR 4.1 TITL 4.2 NAM 4.5 STR 4.4 CIT. 5.1 TITL 5.2 NAM 5.3 STR 5.4 CIT. 5.4 CIT. 5.5 A CIT.	Gent signature requires E E E E E E E E E E E E E E E E E E	uired when reinstating)	OATE CERS AND	DIRECTO DIRECTO Change Change Change Change	PRS IN 12 Addition Addition Addition Addition	CD2E034 (11/08)
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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, with all other like empowered.

SIGNATURE:

custe required SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR