FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P93000068161 (7)

1. Corporation Name

RT PARTNERS, INC.

Principal Place of Business	Mailing Address
1000 PONCE DE LEON BLVD SUITE 106 CORAL GABLES FL 33134	1000 PONCE DE LEON BLVD SUITE 106 CORAL GABLES FL 33134

3. Date Incorporated or Qualified: 09/27/1993
3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0465388 ☐ 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

2. Principal Place of Business
21 1825 Ponce De Leon Blvd
22 Suite, Apt. #, etc. 266
23 City & State: Coral Gables FL
24 Zip: 33134 25 Country: USA

2a. Mailing Address
26 1825 Ponce de Leon Blvd
27 Suite, Apt. #, etc. 266
28 City & State: Coral Gables FL
29 Zip: 33134 30 Country: USA

9. Name and Address of Current Registered Agent

FUENTES, MANUEL
1000 PONCE DE LEON BLVD
SUITE 106
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
81 Name: —
82 Street Address (P.O. Box Number is Not Acceptable): 1825 Ponce De Leon Blvd
83 Suite 266
84 City: Coral Gables FL 85 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] MANUEL FUENTES 4-29-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	TRAVIESO, RUBEN	1.2 NAME	
STREET ADDRESS	1000 PONCE DE LEON BLVD SUITE 106	1.3 STREET ADDRESS	1825 Ponce De Leon Blvd Suite 266
CITY-ST-ZIP	CORAL GABLES FL 33134	1.4 CITY-ST-ZIP	
TITLE	DVT ☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	FUENTES, MANUEL	2.2 NAME	
STREET ADDRESS	1000 PONCE DE LEON BLVD SUITE 106	2.3 STREET ADDRESS	1825 Ponce De Leon Blvd Suite 266
CITY-ST-ZIP	CORAL GABLES FL 33134	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(k), 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] MANUEL FUENTES 305-567-1455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)