FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P94000026051**1. Corporation Name

R & D INTERNATIONAL, INC.

Principal Place of Business Mailing Address								I INDIINDII IIN EDIII DEGIE VOIE UUSII DUSII DUIII	UUIIU HUKU UK	il deibi bild	J (101 1001
407 LINCOLN RD				407 LINCOLN RD							
#12C MIAMI BEACH FL 33139				#12C MIAMI BEACH FL 33139-3016							
								 Date Incorporated or Qualified 04/05/1994 		Date of Last Report 5/01/1996	
2. Principal Place of Business				2a. Mailing Address				4. FEI Number Applied For			
21				26				65-0489359 Not Applicable			ot Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional			
22				27				Fee Required			
City & State				City & State				Election Campaign Financing \$5.00 May Be			
23				28				Trust Fund Contribution LJ Added to Fees			
Zip	Country			Zip Country			<i>y</i>	8. This corporation has liability for intangible tax under s. 199.032,			
24		25 29			[30]			Florida Statutes X Yes No			
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered A				jent	
FERRARI, JOAO A						61	Name	Name			ŀ
407 LINCOLN RD				82			Street Add	ddress (P.O. Box Number is Not Acceptable)			
#12 C						<u></u>					
MIAN	MI BEACH F	L 33139				83					
						B4	Čity			85 Zip	Code
- ···						<u>l</u>	<u> </u>		FL		
11. Pursuant office or r agent. La	to the provision registered age am familiar with	ons of Sections 607.050 ent_or both, in the State h, and appept the oblig)2 and 6 e of Flori ations o	607.1508, Florida Stat da. Such change wa f, Section 607.0505,	utes, the a s authorize Florida Sta	bov d by tute	e-named cor y the corpora s.	poration submits this statement for the pation's board of directors. I hereby accept	urpose of c it the appoi	hanging it ntment as	ts registered registered
SIGNATURE											
0.	Signature, typed o	or printed name of registered age			OTE: Flagistere	od Age	ent signature requ	ired when reinstafing)	DATE		
12.	r- K	OFFICERS AN	D DIREC		13.			ADDITIONS/CHANGES TO OFFIC			
TITLE	P	1010.1		☐ DELETE	1.11		1		L	Change	Addition
NAME FERRARI, JOAO A				1.2 NAME							
STREET ADDRESS				1.3 STREET AD			T ADDRESS				1
CITY-S1-ZIP		ACH FL 33139				•	ST-ZIP				
TITLE	VD	1000 10710		DELETE	2.1 T	ITLE			L.	Change	Addition
NAME	FERRARI, JORO ARTUR				2.2 N	IAME	[ļ
STREET ADDRESS	20 ISLAND AVE., APT. 1405						T ADDRESS		,		
CITY-ST-ZIP		ACH FL 33139					ST-ZIP		· ·	-1	
TITLE	VP	01141.00		DELETE	311				L	_] Change	Addition
NAME	ROLLA, RO				32 N	IAME					
STREET ADDRESS		O AVE #1405			335	TAEET	T ADDRESS				
CITY - ST - ZIP		ACH FL 33139					ST-ZIP	· · · · · · · · · · · · · · · · · · ·		T 80	
TITLE	D			L DELETE	4.1.7	ITL£			L	_] Change	☐ Addition
NAME	DUMONT,					NAME					
STREET ADDRESS		AVENUE #1409			4.3 S	TREET	T ADDRESS				
CITY - ST - ZIP	MIAMI BE/	ACH FL 33139					ST - ZIP				
TITLE				☐ DELETE	5.1 T	ITLE			L	Change	Addition
NAME (ţ				5.2 N	AME	-				
STREE! ADDRESS					5.3 5	TREE	T ADDRESS				
CITY-ST-ZIP					5.4 C	ITY -	ST-ZIP		,		
TIFLE			_	DELETE	6.1 T	ITLE	,			Change	Addition
NAME					6.2 N	IAME					
STREET ADDRESS	1				6.3 \$	TREE	T ADDRESS				

6.4 CiTY-ST-ZIP 14. I do 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

SIGNATURE:

CITY-ST-ZIP

appears in Block 12 or Block 13 if changed, or on an attachment with an address.

305-674-7780

FILED

Jan 17 1997 8:00am

Secretary of State