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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P94000029947 (6)

R.T.D.B. ENTERPRISES, INC.

Princi	pal Place of Business	S		
	SW 137TH AVE TR			

Mailing Address

22200 SW 137TH AVE TR

FILED Jan 17 1997 8:00am Secretary of State



MIAMI FL 3317	0		MIAMI FL 33170									
								3. Date Incorporated or Qualified 04/18/1994		te of Last 08/1996		
2. Principal P	lace of Busi	iness 37 AUENUE 3170	28. Mailing Address	137 AV	ほんび	ъ,		4. FEI Number		1	Applied For	
21 Minmi	F/. 3	3170	26 22200 5.W. Surle, Apt. #, etc.	33170				65-0480809			Not Applicable	
Suite, Apt #, etc 22 TRAiler City & State			Lane.	27 TRAILER				5. Certificate of Status Desired			Additional Required	
			City & State				6. Election Campaign Financing		\$5.00 May Be			
23 MIA	mi F	- 	28 Miami, (<u>F1.</u>				Trust Fund Contribution			d to Fees	
Zip	Δ.	Country	Zip		Country	•		8. This corporation has liability for			s. 199.032,	
24 3317		25 DAU€ e and Address of Curr	[29] 33170 ent Registered Agent	30	DA	CV (Florida Statutes 10. Name and Address of New Re	Yes [
MΛ	NSO, ROE				81	Ni	ame	To remove the residence of them the	giotoroo s	· ·		
		7TH AVE TR			82	-	root Ade	dress (P.O. Box Number is Not Acceptal				
	MIAMI FL 33170				02	اد	eet Auc	bress (P.O. Box Number is Not Acceptal	ole)			
					83						•	
					84	Ci	ty			85 Zip	o Code	
44 6			600 1000 1500 51 1 0c			<u>L</u> .			FL	َـللــــــــــــــــــــــــــــــــــ	,	
office or n	eg stered a	gent or both, in the Sta	502 and 607.1508, Fiorida Sta ite of Fforida: Such change wa ligations of, Section 607.0505,	as authori.	zed by	v the	med cor corpora	rporation submits this statement for the pation's board of directors. I hereby acce	pt the app	changing sintment a	its registered is registered	
SIGNATURE		ellse proded name stregets rest.									W-14-	
12.	Styriature, type		agement their application (N ND DIRECTORS	NOTE Registr		ant sig	nature requ	uired when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CERS AND	DIRECTO	DRS IN 12	
TITLE	DP	OT TOETOT	DELETE		I TITLE			7,557,10,10,017,11020 10 011	DETID ATTE	Change		
NAME), robert		1.3	2 NAME					_ •	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
STREET ADORESS		W 137TH AVE TRA	ILER	1.3	STREET	I ADDF	RESS					
CITY-ST-ZIP	MIAMI F	L 33170		7.6	4 CITY - S	ST-ZIP						
TITLE	AT		DELETE	2.1	TITLE					☐ Change	Addition	
NAME), TERESA		2.3	NAME							
STREET ADDRESS		W 137 AVE TRAILER	}	2.3	STREET	ADDF	IESS					
CHY-ST-ZIP	MIAMI F	<u>L</u>	Dr. etc		4 CITY - S	ST-ZH	,				-	
TITLE			☐ DELETE		TITLE					L Change	Addition	
NAME.				1	2 NAME							
STREET ADDRESS CITY-S*-7IP				1	STREET							
TITLE			DELETE		1 CITY-S	51-21				Change	Addition	
NAME				1	2 NAME							
STREET ADDRESS				4.3	STREET	ADDE	IESS					
CITY-ST-ZIP				4.4	CITY-S	ST-ZIP						
TITLS			DELETE	5.1	TITLE					Change	Addition	
NAME				5.2	NAME							
STREET ACCRESS				5.3	STREET	ADDA	ESS					
CITY+ST-ZIP			PELCIC	·····	CITY - S	I - ZIP				T ö.	- Care	
TITLE			☐ DELETE		TITLE					☐ Change	Addition	
NAME PERFECT ADDRESS					NAME	100	w.c.					
STREET ADDRESS					STREET							
CiTy - ST - ZIP				6.4	I CITY - S	1 - 216						

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 appears in Block, 12 or Block, 3 if changed, or on an attachment with an address.

SIGNATURE:

KOBBATO HI

01-07-97 (305) 258-9504

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