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CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 28 AM 9:18

DOCUMENT # **P94000039425 (1)**

1. Corporation Name
R. T. RECORDING SERVICES, INC.

Principal Place of Business	Mailing Address
5650 W. 26TH CT. SUITE 205 HIALEAH FL 33016	5650 W. 26TH CT. SUITE 205 HIALEAH FL 33016

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/23/1994
3a. Date of Last Report:

2. Principal Place of Business 21: 941 SW 176 Ave.	2a. Mailing Address 26: (SAME)	4. FEI Number 65-0515758	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22:	Suite, Apt. #, etc. 27:	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23: Pembroke Pines, FL	City & State 28:	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip / Country 24: 33029 25: BROWARD	Zip / Country 29: 30:	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BONILLA, ELIGIO 5650 W. 26TH CT. SUITE 205 HIALEAH FL 33016	81 Name: BONILLA, ELIGIO 82 Street Address (P.O. Box Number is Not Acceptable): 941 SW 176 Ave. 83: 84 City: Pembroke Pines FL 85 Zip Code: 33029

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] 6/19/95
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	P	11 TITLE	☐ Change ☐ Addition
NAME	THOMAS, RUBIE	12 NAME	
STREET ADDRESS	5650 W. 26TH CT. #205	13 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33016	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☒ Change ☐ Addition
NAME	BONILLA, ELIGIO	22 NAME	
STREET ADDRESS	~~5650 W. 26TH CT. #205~~	23 STREET ADDRESS	941 SW 176 Ave.
CITY-ST-ZIP	~~HIALEAH FL 33016~~	24 CITY-ST-ZIP	Pembroke Pines, FL. 33016
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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 added by amendment with an address.

SIGNATURE: [signature] 6/19/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0085105 CP