

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000039425 (1)

1. Corporation Name

R. T. RECORDING SERVICES, INC.



Principal Place of Business

Mailing Address

941 SW 176 AVE
PEMBROKE PINES FL 33029
US

941 SW 176 AVE
PEMBROKE PINES FL 33029
US

3. Date Incorporated or Qualified

05/23/1994

3a. Date of Last Report

06/28/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0515758

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BONILLA, ELIGIO
941 SW 176 AVENUE
SUITE 205
PEMBROKE PINES FL 33029

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
5 THOMAS, RUBIE
941 SW 176 AVE
PEMBROKE PINES FL 33016

DELETE

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP
5 THOMAS, RUBIE
941 SW 176 AVE
PEMBROKE PINES FL 33029

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P BONILLA, ELIGIO
941 SW 176 AVENUE
PEMBROKE PINES FL 33016

DELETE

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP
P BONILLA, ELIGIO
941 SW 176 AVE
PEMBROKE PINES FL 33029

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP Lissette ALMENDAREZ
941 SW 176 AVE
PEMBROKE PINES FL 33029

DELETE

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP
VP Lissette ALMENDAREZ
941 SW 176 AVE
PEMBROKE PINES FL 33029

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP MARIA C. MAZO
941 SW 176 AVE
PEMBROKE PINES FL 33029

DELETE

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP
VP MARIA C. MAZO
941 SW 176 AVE
PEMBROKE PINES FL 33029

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

Change Addition

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Printed Name

CR2E034 (3/96)