FILE NOW: FILING FEE AFTER MAY 1 IS $550.0

PROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF [redacted]TE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORAT[redacted]S

FILED
Jun 03 1997 8:00am
Secretary of State

DOCUMENT # **P94000041196 (4)**

1. Corporation Name
R & H UNLIMITED, INC.

Principal Place of Business	Mailing Address
2611 N. HIATUS RD. #121 COOPER CITY FL 33026	2611 N. HIATUS RD. #121 COOPER CITY FL 33026-1303

3. Date Incorporated or Qualified: 05/27/1994
3a. Date of Last Report: 08/06/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 65-0491439 ☐ 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

~~LEWIN, ROBERT~~
~~10117 W OAKLAND PARK BLVD SUITE 355~~
~~SUNRISE FL 33351~~

10. Name and Address of New Registered Agent

81 Name: HAROLD BENJAMIN CPA
82 Street Address (P.O. Box Number is Not Acceptable): 6208 PEMBROKE RD
83
84 City: MIRAMAR FL 85 Zip Code: 33023

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] 4/24/97
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP LEWIN, ROBERT 10117 W OAKLAND PARK BLVD SUITE 355 SUNRISE FL 33351 ☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	Harley Lewin PRESIDENT ☐ Change ☒ Addition 2611 N. Hiatus RD Cooper City FL 33026-1303
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VST LEWIN, ROBERT 10117 W OAKLAND PARK BLVD SUITE 355 SUNRISE FL 33351 ☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

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 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 4/24/97