

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

FILED  
May 01 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000079254**  
 1. Corporation Name  
**RPM CAFE INC.**

Principal Place of Business	Mailing Address

DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b> <b>21 740 Ocean Drive</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23 Miami Beach, FL</b> Zip Country <b>24 33140 25</b>	<b>2a. Mailing Address</b> <b>26 20 Broad Street</b> Suite, Apt. #, etc. <b>27 27th Floor</b> City & State <b>28 New York, NY</b> Zip Country <b>29 10005 30</b>	<b>3. Date Incorporated or Qualified</b> <b>10/28/94</b> <b>4. FEI Number</b> <b>65-0534143</b> Applied For Not Applicable <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> <b>6. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> <b>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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<b>9. Name and Address of Current Registered Agent</b> <b>CT Corporation System</b> <b>1200 South Pine Island Road</b> <b>Plantation, Florida 33324</b>	<b>10. Name and Address of New Registered Agent</b> <b>81 Name</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>83</b> <b>84 City</b> <b>FL</b> <b>85 Zip Code</b>
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**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, or its sole officer or director, as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.**

SIGNATURE **THOMAS F. LEHR** **05/04/98** **01026-036** **\*\*\*150.00**

<b>12. OFFICERS AND DIRECTORS</b> <table border="1"> <tr> <td>TITLE</td> <td>D</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>Murphy, Robert M.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>XRPM Specialist Corp., 20 Broad St.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>20th Fl., New York, NY 10005</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>Robb, George E. 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**14. I 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. 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: **Thomas F. Lehr** **4/24/98** **412 837 8687**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP25034 (10/97)