

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P94000094388 (3)**

1. Corporation Name

**RCH CONSULTING, INC.**



Principal Place of Business

**700 SOUTHEAST THIRD AVE.  
SUITE 300  
FT. LAUDERDALE FL 33316**

Mailing Address

**700 SOUTHEAST THIRD AVE.  
SUITE 300  
FT. LAUDERDALE FL 33316**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 **ONE SE 3RD AVENUE**

Suite, Apt. #, etc.

27 **10TH FLOOR**

City & State

28 **MIAMI FLA**

Zip

29 **33131**

Country

30 **DADE**

3. Date Incorporated or Qualified  
**01/01/1995**

3a. Date of Last Report  
**INITIAL REPORT**

4. FEI Number  
**65-0541531**

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

**POWERS, MARC K  
1320 S DIXIE HWY  
CORAL GABLES FL 33146**

81 Name

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

**ONE SE 3RD AVE**

83 **10TH FLOOR**

84 City **MIAMI FLA**

FL 85 Zip Code

**33131**

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

**MARC K POWERS**

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

(NOTE: Registered Agent signature required when reinstating)

**2/21/96**

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE  
NAME **POWERS, MARC K**  
STREET ADDRESS **1320 S DIXIE HWY**  
CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE **Richard** ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS **ONE SE 3RD AVE 10TH FLOOR**  
1.4 CITY-ST-ZIP **MIAMI FLA 33131**

2.1 TITLE **President** ☐ Change ☒ Addition  
2.2 NAME **RICHARD DRATH**  
2.3 STREET ADDRESS **700 SE THIRD AVE Suite 300**  
2.4 CITY-ST-ZIP **FT LAUDERDALE FLA 33316**

3.1 TITLE **V Pres** ☐ Change ☒ Addition  
3.2 NAME **LAWRENCE H BLUM**  
3.3 STREET ADDRESS **ONE SE 3RD AVE 10TH FLOOR**  
3.4 CITY-ST-ZIP **MIAMI FLA 33131**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE:

**Marc K Powers**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/21/96**

Date

**305 377 4228**  
Daytime Phone #

CR2E034 (12/95)