**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 # **P95000012947 (4)**

1. Corporation Name

**RAPID MOVERS, INC.**

Principal Place of Business

**% GEORGE L. GARCIA, ESQ.**
**807 S.W. 25 AVE., #205**
**MIAMI FL 33135**

Mailing Address

**% GEORGE L. GARCIA, ESQ.**
**807 S.W. 25 AVE., #205**
**MIAMI FL 33135**

3. Date Incorporated For Qualified: **02/15/1995**

3a. Date of Last Report

4. FEI Number: **650560283**

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip 24 Country 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

9. Name and Address of Current Registered Agent

**GARCIA, GEORGE L**
**807 S.W. 25 AVE.**
**#205**
**MIAMI FL 33135**

10. Name and Address of New Registered Agent

81 Name: JULES MINKER

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

83 4362 NORTHLAKE BLVD, SUITE 211

84 City PALM BEACH GARDENS FL 85 Zip Code 33410

11. Pursuant to the provisions of Section 607.0502 and F.S. 15.16, 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: Jules S. Minker DATE: 15 Apr. 96

12. OFFICERS AND DIRECTORS

| | | |
|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DPS<br>TRAINI, JAMES C<br>331 69TH ST.<br>MIAMI BEACH FL 33141 | ☐ DELETE |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DVT<br>MINKER, JULES<br>4362 NORTH LAKE BLVD., STE. 211<br>PALM BEACH GARDENS FL 33410 | ☐ DELETE |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE |

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---|---|
| 1 TITLE / 2 NAME / 3 STREET ADDRESS / 4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| 5 TITLE / 6 NAME / 7 STREET ADDRESS / 8 CITY-ST-ZIP | ☐ Change ☐ Addition |
| 9 TITLE / 10 NAME / 11 STREET ADDRESS / 12 CITY-ST-ZIP | ☐ Change ☐ Addition |
| 13 TITLE / 14 NAME / 15 STREET ADDRESS / 16 CITY-ST-ZIP | ☐ Change ☐ Addition |
| 17 TITLE / 18 NAME / 19 STREET ADDRESS / 20 CITY-ST-ZIP | ☐ Change ☐ Addition |
| 21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 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)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 above, or on an attachment with an X next to my name.

**SIGNATURE:** J.C. TRAINI — 4/10/96 — 305-868-6764

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

CR2E034 (12/95)