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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000013813 (7)

R.H.M. & ASSOCIATES, INC.

FILED Feb 06 1997 8:00am Secretary of State



Principal Place of Business	*	Mailing Address 8471 S.W. 85TH STREET MIAMI FL 33143-6925						
B471 S.W. B5TH STREET MIAMI FL 33143								
				ű	3. Date Incorporated or Qualified 02/17/1995	3a. Date 07/09/	of Last F 1996	Report
Principal Place of Business The Principal Place of Business	·	2a. Mailing Address 26					pplied For ot Applicable	
Suite, Apt. #, etc	Suite, Apt	t. #, etc.			5. Certificate of Status Desired		\$8.75	Additional equired
City & State	City & Sta	ate			Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip Coun			Country	·	8. This corporation has liability for	int ingible tax		· · · · · · · · · · · · · · · · · · ·
24 25	29	30				Yes 🔲 1		
	ess of Current Registered Age	nt .		г	10. Name and Address of New Re	gistered Age	ent	
MUNOZ, ROLANDO H	_		81	Name				
8471 S.W. 85TH STREE MIAMI FL 33143	ſ	82 Street		Street Add	dress (P.O. Box Number is Not Acceptal	ole)		
			83					
			84	City	•	FL	35 Zip	Code
SIGNATURE Signature, typical or printed na	ne of registered agent and title if applicable	(NOTE: Regis	tered Ag		ation's board of directors. I hereby acce	DATE		
TANK.	OFFICERS AND DIRECTORS	T	13.	 	ADDITIONS/CHANGES TO OFF			
TITLE PSTD NAME MUNOZ, ROLAND	-		.1 THTLE			١	Change	Additio
AAMA O MA AETILA			.2 NAME	455550				
STREET ADDRESS 84/1 S.W. 851113 DITY-ST-ZIP MIAMI FL 33143	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		.3 STREET .4 CITY - 5	ADDRESS				
DITT-31-217			1 TITLE	11- 21r			Change	Additio
NAME		2	2 NAME	1			-	
STREET ADDRESS		2	3 STREET	ADDRESS				
CITY-ST-ZIP			4 City-	ST-ZIP				
TOLE		DELETE 3	1 TITLE				Change	☐ Additi
NAME			.2 NAME					
STREET ADDRESS				ADDRESS				
CITY-ST-ZIP THLE			.4. CITY - .1 TITLE	SI-ZIP			Change	Additio
NAME	1-12		2 NAME				•	
STREET ADURESS		. 4	3 STREET	ADDRESS				
CITY- ST-ZIP			4 City-5	ST-ZIP				····
TITLE			.1 TITLE				Change	Additi
NAME	4		.2 NAME					
STREET ADDRESS				ADDRESS				
City-St-ZiP Title			.4 CITY-5 .1 TITLE	51-ZIP			Change	Additi
NAME	b		.2 NAME			L	, e.a.igo	
STREET ADDRESS				ADORESS				
CITY-ST-ZIP			4 CITY-8					

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 effective of with an address.

SIGNATURE:

Day MATE DE STONING OFFICER ON DIRECTOR

DISTRICT DAY DO STONING OFFICER ON DIRECTOR

DISTRICT DAY DO STONING OFFICER ON DIRECTOR

O199428