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 # P95000034588 (0)

1. Corporation Name
RM USA, INC.

Principal Place of Business
C/O MORRIS & WEISS
2000 GLADES ROAD, SUITE 412
BOCA RATON FL 33431

Mailing Address
C/O MORRIS & WEISS
2000 GLADES ROAD, SUITE 412
BOCA RATON FL 33431

3. Date Incorporated or Qualified: 04/27/1995
3a. Date of Last Report:

2. Principal Place of Business
21 C/O: LAW OFFICES OF STUART R. MORRIS, P.A.
Suite, Apt. #, etc. 2000 Glades Road
22 Suite 412
City & State
23 Boca Raton, Florida
Zip 24 33431 Country 25 U.S.

Mailing Address
26 C/O:LAW OFFICES OF STUART R. MORRIS, PA.
Suite, Apt. #, etc. 2000 Glades Road
27 Suite 412
City & State
28 Boca Raton, Florida
Zip 29 33431 Country 30 U.S.

4. FEI Number: 65-0592783 ☐ 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
MORRIS, STUART R
2000 GLADES ROAD
SUITE 412
BOCA RATON FL 33431

10. Name and Address of New Registered Agent
81 Name STUART R. MORRIS, LAW OFFICES OF STUART R. MORRIS, P.A.
82 Street Address (P.O. Box Number is Not Acceptable) 2000 Glades Road, Suite 412
83
84 City Boca Raton FL 85 Zip Code 33431

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, typed or printed name of Registered Agent and title if applicable ______ DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	WELCH, RICKY	
STREET ADDRESS	470 CYPRESS POINTE DRIVE	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	
TITLE	PAUL	☒ DELETE
NAME	SON, MATTHEW R	
STREET ADDRESS	3116 PERCHTREE CIRCLE	
CITY-ST-ZIP	DAVIE FL 33328	
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		
1.4 CITY-ST-ZIP		
2.1 TITLE	PAULSON, MATTHEW R.	☐ Change ☐ Addition
2.2 NAME	3116 PERCHTREE CIRCLE	
2.3 STREET ADDRESS	DAVIE, FLORIDA 33328	
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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 if changed, or on an attachment with an address.

SIGNATURE: ______ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.27.96 Date

(305) 436.0141 Daytime Phone #

CR2E034 (12/95)