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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P95000059936 (1)

RJB & SON, INC.

Principal Place of Business	Mailing Address	
20121 NE 16 PL MIAMI FL 33179 US	20121 NE 16 PL Miami Fl 33179 US	

FILED Apr 27 1998 8:00am Secretary of State



Principal Plac	e of Busine	\$5	Ма	iling Address				Į.	, , , , , , , , , , , , , , , , , , , ,			·== ····	
20121 NE 16	3 PL		20	0121 NE 16 PL									
MIAMI FL 33													
US	US						ļ	DO NOT WRITE IN THIS SPACE					
ŀ									3. Date Incorporated or Qualified				
									08/03/1995				
2. Principal P			26.	Mailing Address				.	4. FEI Number		<u> </u>		lied For
	0113 NE 16 TH PL 28 20113 NE 16					6 PL			65-0653491			Not	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.								5. Certificate of Status Desired				dditional	
22 27								The section of class begins		Fee	e Rec	uired	
	City & State City & State								6. Election Campaign Financing	_	\$5.	00 N	Aay Be
	me FL 28 Miame FL						Trust Fund Contribution					Fees	
Zip		Country	L	Zip		Country			8. This corporation owes or has pai	d the curr	ent yea	r Inta	ngible
24 33/7		25 U.S.,	29	33/79	30	u:	5		Personal Property Tax due June		Yes		No
	9. Nam	e and Address of Curre	nt Regist	ered Agent					10. Name and Address of New Reg	pistered A	gent		
l Ho	OFFMAN,	STEVEN				81	Na	ame					
	95 TALLA					82	-		ss (P.O. Box Number is Not Acceptab	1-1			
	ESTON FL					02	Str	reet Addres	is (P.U. Box Number is Not Acceptab	ie)			
***	LOIONIL	. 55520				83	 						
							l						
į						84	Cit	ty		FL	85	Zip C	ode
44.5						1	<u> </u>				بلبا		
11. Pursuant	to the provi R beretaistered a	isions of Sections 607.056 Ident, or both, in the State	02 and 60 e of Florid	7.1508, Florida Stat a. Such change we:	utes, the a s authoriza	BDOVE ed by	e-nar v the	med corporation	ration submits this statement for the p n's board of directors. I hereby accep	urpose of a	changir iintmen	ng its t as ri	registered egistered
agent. I a	m familiar v	vith, and accept the oblig	jations of	Section 607.0505,	Florida St	atutes	s.	00.pa.aa.	To board of amounts. This obj accep	·o uppo	***************************************		5g,5t0.5u
SIGNATURE													
	Signature, type	ed or printed name of registered au					ent eigr	nature required	when reinstating)	DATE			
12.		OFFICERS AN	ND DIREC	· - · · · · · · · · · · · · · · · · · ·	13			· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFIC				
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TITLE				☐ DELETE	2.1	TITLE					Chan	nge	Addition
NAME				2.21									
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	Į												
CITY-ST-ZIP	l <u></u>				6.4 (CITY-S	21·7P						

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; 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:

305-655-0700