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

Mailing Address 2000 27TH AVENUE

MIAMI FL 33133-3005

2a. Mailing Address

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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P95000070743 (6)

R & M TAYLOR, INC.

Principal Place of Business

2. Principal Place of Business

SIGNATURE:

2000 27TH AVENUE

MIAMI FL 33133

21

Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing П 28 Added to Fees 23 Trust Fund Contribution Zφ Country Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 29 30 Florida Statutes 25 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name TAYLOR, ROBERT M 2600 27TH AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33133** 83 84 City Zip Code 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 4 applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12, 13. □ DEFELE Change Addition . 1.1 TITLE THILF TAYLOR, ROBERT M 1.2 NAME NAME **2600 27TH AVENUE** 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33133** 1.4 CiTY-ST-ZIP CITY - ST - ZIP DELETE 2.1 TITLE Change Addition TITLE TAYLOR, MARY L 2.2 NAME 2600 SW 27TH AVE 2.3 STREET ADDRESS STREET ADDRESS MIAMI FL 2.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition 3 1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY - \$1 - 7(P 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE 4, 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - ZIP Addition DELETE ☐ Change TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP DITY-ST-ZIP DELETE Addition 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY - SY- ZIF 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 12 if changed, or on an attachment with an address.

FFICER OR DIRECTOR

FILED Feb 10 1997 8:00am Secretary of State

> Date of Last Report 02/09/1996

2/4/67 305-446-1960 Data Daytime Phone #

Applied For

Not Applicable



3. Date incorporated or Qualified

09/11/1995

65-0608040

4. FEI Number