

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Martham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000082575 (8)

1. Corporation Name

R.H. OF MIAMI, INC.



Principal Place of Business

636 S.W. 6TH AVENUE
MIAMI FL 33030

Mailing Address

636 S.W. 6TH AVENUE
MIAMI FL 33030

3. Date Incorporated or Qualified
10/27/1995

3a. Date of Last Report

4. FEIN Number
65-0615796

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

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
 Yes No

9. Name and Address of Current Registered Agent

GHANTOUS, IBRAHIM C
• 2005 S. BAYSHORE DR.
• SUITE 804
• MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name *HAIDAR AOUN*
82 Street Address (P.O. Box Number is Not Acceptable)
636 SW 6 AV
83
84 City *HAWAII* FL 85 Zip Code *33030*

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 *Haydeh*

Signature in block or printed form of registered agent and their application

(NOTE: Registered Agent signature required when remitting)

1-7-13-96

CR2E034 (12/95)

12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STREET ADDRESS	1.2 NAME		
CITY, ST, ZIP	2005 S. BAYSHORE DR. SUITE 804 MIAMI FL 33133	1.3 STREET ADDRESS		
TITLE	NAME	1.4 CITY, ST, ZIP		
NAME	STREET ADDRESS	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
CITY, ST, ZIP	2.2 NAME	2.3 STREET ADDRESS		
TITLE	NAME	2.4 CITY, ST, ZIP		
NAME	STREET ADDRESS	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
CITY, ST, ZIP	3.2 NAME	3.3 STREET ADDRESS		
TITLE	NAME	3.4 CITY, ST, ZIP		
NAME	STREET ADDRESS	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
CITY, ST, ZIP	4.2 NAME	4.3 STREET ADDRESS		
TITLE	NAME	4.4 CITY, ST, ZIP		
NAME	STREET ADDRESS	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
CITY, ST, ZIP	5.2 NAME	5.3 STREET ADDRESS		
TITLE	NAME	5.4 CITY, ST, ZIP		
NAME	STREET ADDRESS	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
CITY, ST, ZIP	6.2 NAME	6.3 STREET ADDRESS		
TITLE	NAME	6.4 CITY, ST, ZIP		

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***200.00

2/3/96

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: *Haydeh*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-96

Date Daytime Phone #