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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## **FILED** Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90171 006 \*\*\*150.00

## DOCUMENT # P95000087057

1. Corporation Name

R & D ASSOCIATES GROUP, INC.

| ļ  | ļ  | -   |             |                                     |                       |  |                    |  |   |               |             |               |     |
|--|--|---|-------------|-------------------------------------|-----------------------|--|--------------------|--|---|---------------|-------------|---------------|-----|
|  | Principal Place  | of Business   |             | ( )01/104( )14 (010) 01/1/ 00/1/ 05 |                       | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,            | 4111, 146, 1621    |  |   |               |             |               |     |
| 7940 SOUTHWEST 17 STREET 7940 SOUTHWEST 17 STREET  |  |   |             |                                     | ΕT                    |  |                    |  |   |               |             |               |     |
|  | MIAMI FL 33155 MIAMI FL 33155  |   |             |                                     |                       |  |                    |  | DO NOT WRITE IN THIS SPACE  |               |             |               |     |
|  |  |   |             |                                     |                       |  |                    |  | 3. Date Incorporated or Qualified   |               |             |               |     |
|  |  |   |             |                                     |                       |  |                    |  | 11/14/1995  |               |             |               | ii. |
|  | Principal Place of Business 2a. Mailing Address  |   |             |                                     |                       |  |                    |  | 4. FEI Number   |               | — TAC       | oplied For    | ,   |
|  | 21   | 26  |             |                                     |                       |  |                    |  | 65-0665743  |               |             | ot Applicable | i   |
|  | Suite, Apt. #, etc. Suite, Apt. #, etc.  |   |             |                                     |                       |  |                    |  |   |               |             | Additional    | l   |
|  | 22   |   |             |                                     |                       |  |                    |  | 5. Certifcate of Status Desired   |               |             | equired       | l   |
| City & State City & Sta  |  |   |             | y & State                           | ate                   |  |                    |  | 6. Election Campaign Financing  |               | \$5.00      | May Be        | ~   |
|  | 23   |   |             | 28                                  |                       |  |                    |  | Trust Fund Contribution   |               | Added 1     | to Fees       | İ   |
|  | Zip  | Country   | Zip         | Zip Coun                            |                       |  |                    |  | 8. This corporation owes the curre  | ent year Inta |             | _             | l   |
|  | 24   | 25  | 29          | 29 30                               |                       |  |                    |  | Personal Property Tax.  |               | Yes         | □No           | 1   |
| 9. Name and Address of Current   |  |   | Registere   | tegistered Agent                    |                       |  |                    |  | 10. Name and Address of New R   | egistered A   | gent        |               | l   |
| NAMOFF, R M  |  |   |             |                                     |                       | 81   | Name               |  |   |               |             |               | l   |
| 7940 S.W 17 ST.  |  |   |             |                                     |                       | 82   | Street A           | Street Address (P.O. Box Number is Not Acceptable) |   |               |             |               | ì   |
| MIAMI FL 33155   |  |   |             |                                     |                       |  | 83                 |  |   |               | <u>.</u>    |               | l   |
| MILANI I E 60 130  |  |   |             |                                     |                       |  |                    |  |   |               |             |               |     |
|  |  |   |             |                                     |                       |  | City               |  |   | FL            | 85 Zip (    | Code          | Į   |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, to office or registered agent, or/both, in the State of Florida. Such change was authoragent. I am familiar with an accept the obligations of, Section 607.0505, Florida |  |   |             |                                     |                       | the above-named corpo<br>orized by the corporation |                    |  |   |               | hanging its | rogistored    | l   |
|  |  |   |             |                                     |                       |  |                    |  | ation submits this statement for the<br>'s board of directors. I hereby accep | t the appoin  | tment as re | gistered      |     |
|  | agent, I ar  | n familiar with an accept the obligati                | ons of, Sec | ction 607.0505, Flor                | ida Stat              | utes.  |                    |  |   |               |             |               |     |
|  | SIGNATURE Signature, typed or antel name of registered agent and title if applicable. (NOTE: Registered agent and title if applicable. |   |             |                                     |                       |  | t sianatura sa     | variend v  | when reportations   | DATE          |             |               | _   |
| 12. OFFICERS AND   |  |   |             |                                     |                       |  | - Signature re     | Adulto 6   | ADDITIONS/CHANGES TO OF   |               | DIRECTO     | ORS IN 12     | ά   |
|  | TITLE  | PD DEL  |             |                                     | 13.                   |  |                    | PS   | TD  |               | Change      | Addition      | -   |
|  | NAME   | NAMOFF, R.M.  |             |                                     | 12 NAME               |  |                    | Ñ  | most, Robert 1<br>40 sw 17 Stre   | ກຸ            | , ,         |               |     |
| STREET ADDRESS 9440 S.W. 140 ST.   |  |   | 1.          |                                     |                       | 1.3 STREET ADDRESS 7                               |                    |  | 40 SW 17 52-12  | خم            |             |               | Ė   |
| CITY-ST-ZIP MIAMI FL   |  |   |             |                                     |                       |  | ST-ZIP             |  | iami, Florida   |               | 155         | ĺ             | 1 6 |
|  | TITLE  | STD DELETE  |             | _                                   | 2.1 TITLE             |  |                    | <del></del>  |   | Change        | ☐ Addition  | ا ز           |     |
|  | NAME   | EPSTEIN, DONALD                                       |             | 23                                  |                       |  | 2.2 NAME           |  |   |               |             | }             | 1   |
|  | STREET ADDRESS   | TREET ADDRESS 7940 SOUTHWEST 17 STREET MIAMI FL 33155 |             |                                     | 2.3 \$1               | STREET ADDRESS                                     |                    |  |   |               |             |               | 1   |
|  | CITY-ST-ZIP  |   |             |                                     |                       |  | 2. 4 CITY-ST-ZIP   |  |   | · ———         |             |               | با  |
|  | πιε  |   |             | DELETE                              | 3.1 TI                | TLE  |                    | <u>-</u>   | <b></b>   |               | Change      | ☐ Addition    | -   |
|  | NAME   | •   |             |                                     | 3.2 NAME              |  | ľ                  |  |   |               |             |               |     |
|  | STREET ADDRESS   |   |             | 3.3 ST                              |                       |  | 3.3 STREET ADDRESS |  |   |               |             |               |     |
|  | CITY-ST-ZIP  |   |             | 3.4. C                              | 3.4. CITY-ST-ZIP      |  |                    |  |   |               |             |               |     |
|  | TITLE  | · —   |             | ☐ DELETÉ                            | 4.1 TITLE             |  |                    |  | •   |               | ☐ Change    | ☐ Addition    |     |
|  | NAME   |   |             |                                     |                       |  | ſ                  |  |   |               |             |               | ĺ   |
|  | STREET ADORESS   |   |             |                                     |                       |  | ADDRESS            |  |   |               |             |               |     |
|  | CITY-ST-ZIP  |   |             |                                     | _                     | 4.4 CITY-ST-ZIF                                    |                    |  |   |               |             |               | Í   |
|  | TITLE  |   |             | ☐ DELETE                            | 5.1 TITLE<br>5.2 NAME |  |                    |  |   |               | ☐ Change    | Addition      | j   |
|  | NAME   |   |             |                                     |                       | 5.3 STREET ADDRESS                                 |                    |  |   |               |             |               | ì   |
|  | STREET ADDRESS   |   |             |                                     | 1                     |  |                    |  |   |               |             | )             |     |
|  | L OFFI OF TIO  | . 1   |             |                                     |                       | 5.4 CITY-ST-ZIP                                    |                    |  |   |               |             | ,             |     |

this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information innual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an effect of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in ment with an address, with all other like empowered. 14. I hereby certify that the information supplied wit indicated on this annual report or supplemental officer or director of the corporation or the receis Block 12 or Block 13 if changed, or on an attack

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

☐ DELETE

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Davtime Phone #

Change

☐ Addition