## 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

## FILED May 14 1998 8:00am Secretary of State

P95000087922 (7) DOCUMENT # RB MANAGEMENT SERVICES, INC. Mailing Address Principal Place of Business 9754 SOUTHWEST 148 COURT 9754 SOUTHWEST 148 COURT MIAMI FL 33196 MIAMI FL 33196 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/16/1995 2. Principal Place of Business 2a. Mailing Address 4, FEI Number Applied For 65-0620135 21 Not Applicable 26 Sulte, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes ∏ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 BARANDIARAN, RODOLFO M 9754 **SOUTHWEST 148 CT.** Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33196 83 84 85 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 sile if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. PSTD DELETE 1.1 TITLE Change Addition TITLE BARANDIARAN, RODOLFO M NAME 1.2 NAME 9754 SOUTHWEST 148 COURT STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33196** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition TITLE 31 TITLE Change NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 City-St-2IP DELETE Addition 5.1 TITLE Change 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition 6.1 TITLE MITLE 62 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - 2IP

14. Thereby 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, at on an attachment with an actions.

OIONATURE.

FOREST D.

04-27/92 (305)386.4782