

**FILED**  
**May 05, 2002 8:00 am**  
**Secretary of State**

05-05-2002 90082 048 \*\*\*150.00

<b>DOCUMENT #</b>		<b>P96000004514</b>
<b>1. Entity Name</b>		
<b>R.H.V. OF MIAMI, INC.</b>		
<b>Principal Place of Business</b>		<b>Mailing Address</b>
<b>2734 N.W. 22 AVENUE</b>		<b>2734 N.W. 22 AVENUE</b>
<b>MIAMI FL 33142</b>		<b>MIAMI FL 33142</b>

<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	65-0671123	Applied For
		Not Applicable

6. Name and Address of Current Registered Agent	
<b>VILLALONGA, REGINO H</b> <b>2734 N.W. 22 AVENUE</b> <b>MIAMI FL 33142</b>	Name
	Street Address
	City

<b>7. Name and Address of New Registered Agent</b>	
P.O. Box Number is Not Acceptable)	
<b>FL</b>	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

<p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/></p>	<p align="center"><b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2002 Fee will be \$550.00</b>  <b>Make Check Payable to Department of State</b></p>	<p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees</p>
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11.		OFFICERS AND DIRECTORS	12.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD VILLALONGA, REGINO H 2734 N.W. 22 AVENUE MIAMI FL 33142	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

**SIGNATURE:**

SIGNATURE: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime (h) as a %