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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

STREET ADDRESS CITY-ST-ZIP

DOCUMENT # P9600006555 (2)

R.L.L. TRADING OF SOUTH FLORIDA, INC.

Principal Place of Business Mailing Address 235 N.W. 25TH STREET 235 N.W. 25TH STREET MIAMI FL 33127 MIAMI FL 33127 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/22/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 65-0635122 Not Applicable Suite, 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 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible 24 25 30 Personal Property Tax due June 30. Yes □ No 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 LAZAGA, ADRIAN A 235 N.W. 25TH STREET 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33127 83 84 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 if applicable red when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change Addition TITLE 1.1 TITLE NAME LAZAGA, ADRIAN A 1.2 NAME E034 STREET ADDRESS 235 N.W. 25TH ST. 1.3 STREET ADDRESS **MIAMI FL 33127** CITY - ST - ZiP 1.4 CITY-ST-ZIP DELETE Addition Change TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CiTY - ST-ZiP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE \_\_\_ Addition Change TITLE 6.1 TITLE

14. I 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 of 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.

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE: \* Advallaga EQUIRED

1/23/98 (301)-171-8690

**FILED** 

Jan 27 1998 8:00am

Secretary of State