


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

FILED

Jan 22 1998 8:00am  
Secretary of State

|   |  |   |   |   |  |
|---|--|---|---|---|--|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b>  |  |  |   | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS   |  |
| <b>DOCUMENT # P96000031846 (4)</b>  |  |   |   |   |  |
| 1. Corporation Name<br><b>R &amp; B COMMUNICATIONS, INC.</b>  |  |   |   |   |  |
| Principal Place of Business<br><b>8877 COLLINS AVENUE<br/>SUITE 808<br/>SURFSIDE FL 33154</b>   |  |   | Mailing Address<br><b>8877 COLLINS AVENUE<br/>SUITE 808<br/>SURFSIDE FL 33154</b> |   |  |
| 2. Principal Place of Business  |  | 2a. Mailing Address   |   | 3. Date Incorporated or Qualified<br><b>04/11/1996</b>  |  |
| 21  |  | 26  |   | 4. FEI Number<br><b>65-0656379</b>  | Applied For<br><input type="checkbox"/> Not Applicable<br><input type="checkbox"/> |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.   |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |
| 22  |  | 27  |   | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>   |  |
| City & State  |  | City & State  |   | 8. This corporation owes or has paid the current year Intangible<br>Personal Property Tax due June 30, <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| 23  |  | 28  |   |   |  |
| Zip   | Country                                | Zip   | Country   |   |  |
| 24  |  | 29  |   |   |  |
| 9. Name and Address of Current Registered Agent<br><b>BENES, RAQUEL<br/>8877 COLLINS AVENUE<br/>SUITE 808<br/>SURFSIDE FL 33154</b>   |  |   |   | 10. Name and Address of New Registered Agent  |  |
|   |  |   |   | 81  | Name   |
|   |  |   |   | 82  | Street Address (P.O. Box Number Is Not Acceptable)                                 |
|   |  |   |   | 83  |  |
|   |  |   |   | 84  | City   |
|   |  |   |   | FL  | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |  |   |   |   |  |
| 12. OFFICERS AND DIRECTORS  |  |   |   |   |  |
| TITLE   | PD                                     | <input type="checkbox"/> DELETE   |   |   |  |
| NAME  | <b>BENES, RAQUEL</b>                   |   |   |   |  |
| STREET ADDRESS  | <b>% 8877 COLLINS AVENUE SUITE 808</b> |   |   |   |  |
| CITY - ST - ZIP   | <b>SURFSIDE FL 33154</b>               |   |   |   |  |
| TITLE   | SD                                     | <input type="checkbox"/> DELETE   |   |   |  |
| NAME  | <b>BENES, BERNARDO</b>                 |   |   |   |  |
| STREET ADDRESS  | <b>% 8877 COLLINS AVENUE SUITE 808</b> |   |   |   |  |
| CITY - ST - ZIP   | <b>SURFSIDE FL 33154</b>               |   |   |   |  |
| TITLE   |  | <input type="checkbox"/> DELETE   |   |   |  |
| NAME  |  |   |   |   |  |
| STREET ADDRESS  |  |   |   |   |  |
| CITY - ST - ZIP   |  |   |   |   |  |
| TITLE   |  | <input type="checkbox"/> DELETE   |   |   |  |
| NAME  |  |   |   |   |  |
| STREET ADDRESS  |  |   |   |   |  |
| CITY - ST - ZIP   |  |   |   |   |  |
| TITLE   |  | <input type="checkbox"/> DELETE   |   |   |  |
| NAME  |  |   |   |   |  |
| STREET ADDRESS  |  |   |   |   |  |
| CITY - ST - ZIP   |  |   |   |   |  |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   |  |   |   |   |  |
| 1.1 TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |   |   |  |
| 1.2 NAME  |  |   |   |   |  |
| 1.3 STREET ADDRESS  |  |   |   |   |  |
| 1.4 CITY - ST - ZIP   |  |   |   |   |  |
| 2.1 TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |   |   |  |
| 2.2 NAME  |  |   |   |   |  |
| 2.3 STREET ADDRESS  |  |   |   |   |  |
| 2.4 CITY - ST - ZIP   |  |   |   |   |  |
| 3.1 TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |   |   |  |
| 3.2 NAME  |  |   |   |   |  |
| 3.3 STREET ADDRESS  |  |   |   |   |  |
| 3.4 CITY - ST - ZIP   |  |   |   |   |  |
| 4.1 TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |   |   |  |
| 4.2 NAME  |  |   |   |   |  |
| 4.3 STREET ADDRESS  |  |   |   |   |  |
| 4.4 CITY - ST - ZIP   |  |   |   |   |  |
| 5.1 TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |   |   |  |
| 5.2 NAME  |  |   |   |   |  |
| 5.3 STREET ADDRESS  |  |   |   |   |  |
| 5.4 CITY - ST - ZIP   |  |   |   |   |  |
| 6.1 TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |   |   |  |
| 6.2 NAME  |  |   |   |   |  |
| 6.3 STREET ADDRESS  |  |   |   |   |  |
| 6.4 CITY - ST - ZIP   |  |   |   |   |  |



DO NOT WRITE IN THIS SPACE

SIGNATURE: Raquel Benes REQUIRED

1-9-97 305-864-1476

CR2E034 (10/97)