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

PROFIT CORPORATION ANNUAL REPORT 1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000031846 (4)

FILED Jan 22 1998 8:00am Secretary of State

R & B	COMMUNICATIONS, INC.	()			\$ (4) W. (15 W. 18) (1 W. 18)
Principal Plac	ce of Business	Mailing Address	-··· , 		# ####
8877 COLLIF	IS AVENUE	8877 COLLINS AVENUE			
SUITE 808		SUITE 808			
SURFSIDE F	L 33154	SURFSIDE FL 33154		DO NOT WRITE IN TH	IIS SPACE
				3. Date Incorporated or Qualified	
2 Principal 9	Itaco of Rusinoss	2a. Mailing Address		04/11/1996	·· ········
			4. FEI Number	Applied For	
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.			65-0656379	Not Applicable	
22 27				5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State City & State		*****	S. Floritan Committee of the control of		
23 28				6- Election Campalgn Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country Zip		Country	8. This corporation owes or has paid the		
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Currer		1	10. Name and Address of New Registere	
BE	NES, RAQUEL		81 Name		
8877 COLLINS AVENUE			82 Street A	dies (D.O. Bertherte I. New York	·····
	JTIE 808		02 Street A	ddress (P.O. Box Number Is Not Acceptable)	
St	IRFSIDE FL 33154		83		
			84 City	F	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.					
office or r	egistered agent, or both, in the State	of Florida, Such change was a	uthorized by the corporate	oration's board of directors. I hereby accept the a	ppointment as registered
	and accept the cong.	alions of Section 007.0000, Mo	ilua Statutes.		
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE	: Registered Agent signature r	equired when reinstating) DATE	
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BENES, RAQUEL		1,2 NAME		
STREET ADDRESS	% 8877 COLLINS AVENUE SUITE 808		1.3 STREET ADDRESS		-
CITY - ST - ZIP	SURFSIDE FL 33154		1.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	2.1 TITLE		Change Addition
NAME	BENES, BERNARDO		2.2 NAME	n 1 3	
STREET ADDRESS	% 8877 COLLINS AVENUE S	UITE 808	2.3 STREET ADDRESS		
CITY-ST-ZIP	SURFSIDE FL 33154		2. 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADORESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		☐ DELETE	4,1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE	/// ***	DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
ſ					
CITY-ST-ZIP	astifu that the information gunslied wi		6.4 CITY - ST - ZIP		

oplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information plemental 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 the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

305-864-1476