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Sep 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000037004

1. Corporation Name: R.M.G. INC.

Principal Place of Business	Mailing Address
2045 N.W. 1ST AVE MIAMI FL 33127	2045 N.W. 1ST AVE MIAMI FL 33127

3. Date Incorporated or Qualified: APRIL 24, 1996
3a. Date of Last Report: -

2. Principal Place of Business	2a. Mailing Address
21 2045 N.W 1ST AVE	26 2045 N.W. 1ST AVE
Suite, Apt. #, etc. 22 MIAMI FL.	Suite, Apt. #, etc. 27
City & State 23 MIAMI FL.	City & State 28 MIAMI FL
Zip / Country 24 33127 / 25 DADE	Zip / Country 29 33127 / 30 DADE

4. FEI Number: 65 0743298 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FRANK M. MARKS ESQ. 701 S.W. 27TH AVE 10TH FLOOR MIAMI FLORIDA 33135	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: Frank M. Marks. DATE: 09/17/97
Signature, Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PRESIDENT, VICE PRESIDENT	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	DOUGLAS COX		12 NAME		
STREET ADDRESS	1000 WEST AVE APT. 523		13 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL. 33139		14 CITY-ST-ZIP		
TITLE	TREASURER	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	HARVEY COX		22 NAME		
STREET ADDRESS	3530 S.W. 99 AVE		23 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33165		24 CITY-ST-ZIP		
TITLE	SECRETARY	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	MICHAEL ROSENOW		32 NAME		
STREET ADDRESS	1000 WEST AVE APT 523		33 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL. 33139		34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

13 9/24/97

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14. I do 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 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 or on an attachment with an address.

SIGNATURE: Douglas Cox 09/17/97 (305) 576-5054
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #