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

**PROFIT** Jun 22 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State DIVISION OF CORPORATIONS 1**9**98 DOCUMENT # P96000083445 (2) T.R.T. THE RIGHT TARGET, INC. Principal Place of Business Mailing Address 8600 NW 64TH \$T 8600 NW 64TH ST BAY #2 **BAY #2** DO NOT WRITE IN THIS SPACE **MIAMI FL 33166** MIAMI FL 33166 3. Date Incorporated or Qualified 10/07/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 8600 NW 645T 8600 NW 6 65-0699002 Not Applicable Sµite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Ex Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible USA. Yes Yes Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 MARTINEZ, ROMAN 7025 SW 74TH ST Street Address (P.O. Box Number 8600 NW 64 82 **MIAMI FL 33143** 83 84 33166 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 forth, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE of teme lutest ascent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DIRECTOR SMES. 70£610ENT DELETE Addition TITLE 1.1 TITLE ☐ Change RUHIL MIBERTO CEAL MARTINEZ, ROMAN NAME 1.2 NAME 8600 NW 64 St BAYW2 7025 SW 74TH ST STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33143** FL 33166 CITY-ST-ZIP 1.4 CHY-ST-ZIP DELETE Change Addition TITLE 21 TITLE NAME 2.2 NAMI STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2.4 CHY-ST ZIP DELFTE TITLE 3 1 TITLE Change ☐ Addition NAME 3 2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - ZIP DELETE Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 City - ST - ZiP DELETE TITLE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST-ZIP DELETE Change \_\_\_ Addition TITLE 6.1 TITLE TODOURS BUSINESS NAME 6.2 NAME -06/23/98-01679-023 STREET ADDRESS 6.3 STREET ADDRESS 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 charged, or a state of the corporation of the corporation

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