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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # P96000093986 (3)

RUDAL MANAGEMENT, INC.

Principal Place of Business Mailing Address				# 1909/1907 1/0 18/10 0/4/1 09/14 08/1/ 00/1/ 00/1/	(\$169 1110 1818) (\$116 \$111 1 <b>\$</b> \$1	
201 178TH DRIVE 509 201 178TH DRIVE 509						
NO MIAMI BEACH FL 33160 NO MIAMI BEACH FL 33160			33160		DO NOT WRITE IN THIS SPACE	
					3. Date incorporated or Qualified	-97
					11/18/1996	
L	al Place of Business 2a. Mailing Address				4. FEI Number 65 - 07353	
21 26 Suite And # add			<del></del>		MOT ARRUGABLE	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State City & State			- · · · · · · · · · · · · · · · · · · ·		6. Election Campaign Financing	\$5.00 May Be
23 28					Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country		8. This corporation owes or has paid the o	current year Intangible
24	25	29	30		Personal Property Tax due June 30.	Yes 🔼 No
	9. Name and Address of Curre	nt Registered Agent	81	Name -	10. Name and Address of New Registere	d Agent
	IUVE, ALCIDE		61	Name		
201 178TH DRIVE 509				82 Street Address (P.O. Box Number is Not Acceptable)		
, NC	) MIAMI BEACH FL 33160		83	<del></del>		
, i			84	City	F	85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the abo				e-named corp	poration submits this statement for the purpose	of changing its registered
office or r	registered agent, or both, in the State im familiar with, and accept the oblig	e of Florida. Such change was rations of Section 607.0505.	s authorized by Florida Statutes	the corporat	tion's board of directors. I hereby accept the a	ppointment as registered
SIGNATURE		,				
<u>[</u>	Signature, typed or printed name of registered ag			nt signature requir	red when reinstating) DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	· · ·
TITLE			1.1 TITLE			☐ Change ☐ Addition
NAME PERFET APOPESS	The state of the s		1.2 NAME	+PPPECC		
STREET ADDRESS	NO MANU DESCRIPTION OF		1.3 STREET			
CITY-ST-ZIP TITLE			1.4 City - S 2.1 Title	1-2119		Change Addition
NAME	STORITOR BUILD OF BUIL		2.2 NAME			
STREET ADDRESS	TALL AND THE PROPERTY OF THE P		2.3 STREET	ADDRESS	•	
CITY-ST-ZIP	NO MAND PROCES OF COACO		2 4 CITY-S			
TITLE			31 TITLE			☐ Change ☐ Addition
NAME	321		3 2 NAME			
STREET ADDRESS			3 3 STREET	ADDRESS		
CITY-ST-ZIP			3 4. CITY - S	5T - ZIP		
TITLE	☐ DELETE 41T		4 1 TITLE			Change Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP			4.4 CITY-S	T-ZIP		
TITLE		DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME	ļ		ļ
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY-ST-ZIP			5.4 CITY - S	T - ZIP		
TITLE	<del></del>	DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME	,		

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 or the receiver of 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 changes, or an attackment with an address.

6.3 STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

1-20-98 305-682-7982

**FILED** 

Jan 28 1998 8:00am

Secretary of State