

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

FILED
May 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000074931 (1)
 1. Corporation Name
RSM INTERNATIONAL, INC.



Principal Place of Business 18908 NW 77 PL MIAMI FL 33015	Mailing Address 18908 NW 77 PL MIAMI FL 33015
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 845 NE 79 ST		2a. Mailing Address 26 P.O. Box 172608		3. Date Incorporated or Qualified 08/27/1997		4. FEI Number 65-0791693		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required			
23 City & State MIAMI, FLORIDA		28 City & State MIAMI, FLORIDA		6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/>		\$5.00 May Be Added to Fees			
24 Zip 33138		25 Country U.S.A		29 Zip 33017-2608		30 Country U.S.A		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent KHAN, ANWAR H 18908 NW 77 PL MIAMI FL 33015				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
83				84 City			
				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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D/PRESIDENT	<input type="checkbox"/> DELETE	1.1 TITLE VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME PARACHA, MUNIR H		1.2 NAME ANWAR H. KHAN	
STREET ADDRESS 18908 NW 77 PL		1.3 STREET ADDRESS 18908 NW 77 PL	
CITY-ST-ZIP MIAMI FL 33015		1.4 CITY-ST-ZIP MIAMI, FL 33015	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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: **Anwar H. Khan** 4-23-98 305-751-2136

CFR2004 (10/97)