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

**PROFIT** CORPORATION ANNUAL REPORT



ELORIDA DEPARTMENT DE STATE

## Sandra B. Merkam

Secretary of State DIVISION OF CORPORATIONS

## 1998 **DOCUMENT** # P97000085932 (6)

R. & D. TALENT CORPORATION

ailing Address
iling Address
008 SOUTH D

8 SOUTH DIXIE HIGHWAY HALLANDALE FL 33009

## FILED Jun 04 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 10/06/1997 2, Principal Place of Business 2a, Mailing Address FEI Number Applied For 21 26 65-0785695 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State Election Campaign Financing \$5.00 May Be  $\Box$ Trust Fund Contribution Added to Fees 23 28 Zip Žip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes ☐ No 24 2₹ 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name AMERILAWYER CHARTERED 343 ALMERIA AVENUE Street Address (P.O. Box Number is Not Acceptable) **CORAL GABLES FL 33134** 83 R4 City 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 Stgnature, typed or ponied name of registric diagost and title if applicable (10/97)12. OLLICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELFTE Change Addition TITLE 11 TITLE CR2E034 MACHUCA, RICARDO 1.2 NAME NAME 1008 SOUTH DIXIE HIGHWAY STREET ADDRESS 1.3 STREET ADDRESS HALLANDALE FL 33009 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 21 THLE **N**UNEZ, DIOSDADO NAME 2.2 NAME 1008 SOUTH DIXIE HIGHWAY 2.3 STHEET ADDRESS STREET ADDRESS HALLANDALE FL 33009 CITY-ST-ZIP 2. 4 CiTY-S1-ZIP DELFTE Change Addition TITLE 3.1 TITLE NAME NUNEZ, MIGDALIA 32 NAME 1008 SOUTH DIXIE HIGHWAY STREET ADDRESS 3.3 STREET ADDRESS **HALLANDALE FL 33009** CITY-ST-ZIP 3.4. C/TY - ST - Z/P DELETE Addition TOTALE 4.1 DUE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 C(TY - ST- 2(P DELETE Addition 5.1 TOUR TITLE NAME 5.2 NAME STREET ADDRESS **53 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP 800002550185 Pange -06/08/98-01806-028 DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS \*\*\*150.00 64 CITY-ST-7IP 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 supplement 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 alread institution an address.