**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000109087

1. Corporation Name

FILED
Apr 22, 1999 8:00 am
Secretary of State
04 00 1000 00127 044 ***150 75

RS WOR	LD THADING, INC.				•				
Principal Place	e of Business	Mailing Address	<u></u>					1172 10111 20101 1	
8306 MILLS DRIVE 8306 MILLS DRIVE									
#267 #267 MIAMI FL 33183 MIAMI FL 33183						DO NOT WRIT	TE IN THIS	SPACE	
MIAMI FL 33183						3. Date Incorporated or Qualifed			$\overline{}$
1						12/31/1997			
2. Principal P	lace of Business	2a. Mailing Address				4, FEI Number		Apr	plied For
21						65-0810099		Not	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certifcate of Status Desired	×	\$8.75 A	1
27						<u> </u>	<u> </u>	Fee Rec	·
City & Stat	e ·	City & State				6. Election Campaign Financing		\$5.00 to Added to	, ,
23		Zip	Country			Trust Fund Contribution  8. This corporation owes the curre	ant was Inte		71 663
Zip	Country	_ <del> </del>	_ '	,		Personal Property Tax.	ant year mua	∐Yes 📆	No
24	9. Name and Address of Curre		<u> </u>			10. Name and Address of New R	legistered /		
	g. 1441115 2110 Application of Carry		81	Name	•				
SANTANA, REYNALDO				Street	A ddrae	ss (P.O. Box Number is Not Accepta			——–∤
8306 MILLS DRIVE				Oueer.	AUO C	55 (F.O. Box Humber is Not Floodpio			
#267			83	3					
MAIM	AI FL 33183		84	City				85 Zip C	ode
}			ł	1			<u>FL</u>	. }	{
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  Signature, typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12									
12.		AND DIRECTORS	13.		1	ADDITIONS/CHANGES TO OF	FICERS AN	☐ Change	Addition
TITLE	PTD DEVIAL DO	C DETEL	1.2 NAME						
NAME	SANTANA, REYNALDO		1	ET ADDRESS	ļ				
STREET ADDRESS	9450 S.W. 72 ST. #100A MIAMI FL 33173		1.4 CITY-S		ĺ				
CITY-ST-ZIP	VSD VSD	☐ DELETE	2.1 TITLE	31- <i>LI</i> F				Change	☐ Addition
NAME	SANTANA, MARISSA		2.2 NAME		ļ				ļ
STREET ADDRESS				T ADDRESS					
_CITY-ST-ZIP	MIAMI FL 33173	_	2. 4 CITY-		1	and the second s			
TITLE		☐ DELETE	3.1 TITLE					☐ Change	☐ Addition
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STREET ADDRESS	<u></u>		3,3 STREE	ET ADDRESS					
CITY-ST-ZIP			3,4. CITY-	ST-ZIP					
TITLE	1	☐ DELETE	4,1 TITLE		[			☐ Change	☐ Addition
NAME			4. 2 NAME	Ē					
STREET ADDRESS			4.3 STREE	ET ADDRESS					
CITY-ST-ZIP	·		4.4 CITY-					Change	Addition
TITLE		☐ DELETE	5.1 TITLE					☐ Change	LT Maddidon
NAME			5,2 NAME	ET ADDRESS					
STREET ADDRESS									ſ
CITY-ST-ZIP		☐ DELETE	5.4 CITY-5 6.1 TITLE		-			☐ Change	☐ Addition
TITLE			6.2 NAME		1				
NAME STREET ANDRESS				ET ADDRESS					

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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR