FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90158 008 ***150.00

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

Mailing Address

3675 W 16 AVE

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9800004731

1. Corporation Name

Principal Place of Business

3675 W 16 6VE

R&M FINANCIAL GROUP, INC.

HIALEAH FL 33	- 9012	HIALEAH FL 33012			DO NOT WRITE IN THIS	SDACE	
						JEAGE	
					3. Date ir corporated or Qualifed		
					01/15/1998		
Principa Place of Business 2a. Mailing Address					4. FEI Number (.5-080 8181		pplied For
21 26		26			(3-080 0181		lot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Recuired		
City & S:at	<u> </u>	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution		tc Fees
Zip Country		Zip Country 30		This corporation owes the current year in Personal Property Tax.	tangible Yes	1 5 /10	
24	9. Name and Address of Curren		30		10. Name and Address of New Registered		
	9. Name and Address of Curren	t Registered Agent	8	1 Name	10. Maille and Address of New Rogistered	rigent	
MARCH, ROBERTO R			8		The (D.O. De Number in Net Acceptable)		
	5 W 16 AVE				dress (P.O. Box Number is Not Acceptable)		
HIAL	EAH FL 33012		8	3			
			8	4 City	FI	85 Zip	Code
office crr agent. I a SIGNATURE	m familiar with, and accept the obligat	tions of, Section 607.0505, Flor	ida Statute	S.	ition's board of cirectors. I hereby accept the appo		
	Signature, typed or printed na ne of registered agen			ent signature requ	ired when reinstating) DATE	10.010507	05:0 11:40
12.		DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	Change	
TITLE	PD	☐ DELETE	1.1 TITLE			L_1 Change	
NAME	MARCH, ROBERTO R 13850 SW 71 LANE		1.2 NAME				
STREET ADDRESS	MIAMI FL 33183		1.3 STRE	ET ADDRESS			
CITY-ST-ZIP TITLE	SD SD	DELETE	2.1 TITLE	\$1-ZIP		Change	Addition
NAME	AGUILAR, ARMANDO G		2.2 NAME				
STREET ADDRESS	40050 000 34 1 4 15	•	2.3 STRE	ET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33183		2.4 CITY	ST-ZIP			
TITLE	TD	☐ DELETE	3.1 TITLE			Change	Addition
NAME	DE LA HERIA, MARIA H		3.2 NAME	:			
STREET ADDRESS	13850 SW 71 LANE		3.3 STRE	ET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33183		3.4, CITY	ST-ZIP			A Juliain -
TITLE		☐ DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAM				
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP		☐ DELETE	4.4 CITY-			Change	Addition
TITLE		☐ DEFEIF	5.1 TITLE				
NAME				ET ADDRESS			
STREET ADORESS			5.4 CITY-				
CITY-ST-ZIP TITLE			6.1 TITLE			Change	Addition
	1						

14. Thereby 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 on 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 appears with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

YPED OR PRINTED NAME OF SIGNING OFFICE