

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jun 29, 1999 8:00 am  
Secretary of State

06-29-1999 90009 018 \*\*\*550.00

DOCUMENT # P98000040508

1. Corporation Name  
R & D SKILLSHOPS, INC.

Principal Place of Business  
175 NW 100TH STREET  
MIAMI SHORES FL 33150-1205

Mailing Address  
175 NW 100TH STREET  
MIAMI SHORES FL 33150-1205

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/04/1998

4. FEI Number

65-0834190

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 KEYSTONE EXECUTIVE PLAZA  
Suite, Apt. #, etc. PMB# 451

27 12555 BISCAYNE BLVD.  
City & State

28 MIAMI, FL

29 33181 30 USA

9. Name and Address of Current Registered Agent

MARTINEZ, ROBERTO J  
175 NW 100TH STREET  
MIAMI SHORES FL 33150-1205

10. Name and Address of New Registered Agent

81 Name

DIANE F. MARTINEZ

82 Street Address (P.O. Box Number is Not Acceptable)

175-NW 100TH STREET

83

84 City

MIAMI SHORES

FL

85 Zip Code

33150

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 DIANE F. MARTINEZ  
Signature, typed or printed name of registered agent and title if applicable.

DIANE F. MARTINEZ, PRESIDENT  
(NOTE: Registered Agent signature required when reinstating)

5/16/99  
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
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CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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, with all other like empowered.

SIGNATURE:

DIANE F. MARTINEZ  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/16/99

Daytime Phone #

305-754-4838

CR2E034 (11/98)