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

Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90102 021 ***150.00

DOCUMENT # P98000084914

RM FLORIDA INVESTMENTS, INC.

Principal Place of Business Mailing Address		Mailing Address		- I IMAKINGAL KIN LOTAK INNIN MAKIN	10111 21010 10101 1	1811 BHBI 1884 5.3.
9240 SW 134TH PLACE		501 BRICKELL KEY DR., SUITE 504 MIAMI FL 33131				
MIAMI FL 33186				DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualifed	OI /IOL	
				10/02/1998		
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	App	lied For
21		26 9240 SW	134 PC	65-0869367	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A	
22		27		5. Certificate of Otatios Desired	Fee Red	quired
City & Stat	te	City & State		6. Election Campaign Financing	\$5.00	· · · · · · · · · · · · · · · · · · ·
23		28 MIAMI	, FL	Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Int		□No
24	25	29 33/86 30		Personal Property Tax. 10. Name and Address of New Registered		
	9. Name and Address of Curren	it Registered Agent	81 Name	IV. Name and Address of New Registered	- gent	
ROBINSON, WESLEY M ESQ. 9240 SW 134TH PLACE						
			82 Street Addre	ess (P.O. Box Number is Not Acceptable)		Ì
	MI FL 33186		83			
			84 City	FL	85 Zip C	ode
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: Reg	istered Agent signature required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AF	ND DIRECTOR	RS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change	☐ Addition
NAME	RODRIGUEZ, OCTAVIO J		12 NAME			
STREET ADDRESS	**** **********************************		1.3 STREET ADDRESS		•	
CITY-ST-ZIP	MIAMI FL 33186		1.4 CTTY-ST-ZIP			
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change	Addition
NAME	MOORE, JOSEPH W	1	2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS	•		
CITY-ST-ZIP	MIAMI FL 33186		2. 4 CITY-ST-ZIP		Change	Addition
TITLE		☐ DELETE	3.1 TITLE	•	☐ Change	Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP	-		3.4 CITY-ST-ZIP		Change	Addition
NAME		□ nei ete				_ \
STREET ADDRESS		☐ DELETE				
		☐ DELETE	4. 2 NAME			
CITY, ST. 7ID	1	☐ DELETE	4. 2 NAME 4.3 STREET ADDRESS			
CITY-ST-ZIP TITLE		☐ DELETE	4. 2 NAME		 ☐ Çhange	☐ Addition
			4.2 NAME 4.3 STREET ADDRESS 4.4 CiTY-ST-ZiP		·	Addition
TITLE			4.2 NAME 4.3 STREET ADDRESS 4.4 City-St-ZiP 5.1 Title		·	
TITLE NAME			4. 2 NAME 4.3 STREET ADDRESS 4.4 C/TY-ST-ZIP 5.1 TITLE 5.2 NAME		1 - 1	- ,,
TITLE NAME STREET ADDRESS			4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		·	

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

IGNATURE AND TYPED OR PRINTED NAME OF SIGN

305-408-8854