PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

بعد -- ، ديو

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000098279

RUTEL,	INC.				L (ROMAR) SIR PORT LENG REGIS CON CONTROL CON CONTROL	11 0 (8 0 0) 1 00 0 (5 02 (50 2	
Principal Place of Business Mailing Address					'14 PLUT 14 BIS 1911 1911 1961		
999 BRICKELL AVENUE 999 BRICKELL AVENUE 7TH FLOOR 7TH FLOOR MIAMI FL 33131 MIAMI FL 33131				DO NOT WRITE IN THIS SPACE			
					3. Date incorporated or Qualified 11/23/1998		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For]
2126		26			APPLIED FOR	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 22		— —				Status Desired S8.75 Additional Fee Required	
City & State City & State						5.00 May Be added to Fees	
Zip 24	Country	Zip 3	- 7 '		This corporation owes the current year Intangible Personal Property Tax.		}-
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		4
				Name	-		-
GOULD, RONALD				82 Street Address (P.O. Box Number is Not Acceptable)			
999 BRICKELL AVENUE				000007		· · · · · · · · · · · · · · · · · · ·	_
7TH FLOOR			83	<u> </u>	·		1
MIAMI FL 33131			84	City	85	Zip Code	┨
)	*, *		1.]	FL		-}
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					pulsed when rejectation) DATE		1.
				it trigutation in	quired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIR	ECTORS IN 12	- 8
TITLE			13.			hange 🔲 Addition	익
NAME:	VICE PRESIDENT		12 NAME	•			
STREET ADDRESS	RONALD GOULD		1.3 STREET ADDRESS				Ì
CTTY-ST-ZEP			1.4 CITY-S	r-ziP			_ չ
TITLE	MIAMI, FLORII	DA 33131 □ DELETE	2.1 TTLE		· 🗀 c	hange 🔲 Addition	۸ م
NAME			2.2 NAME	1			
STREET ADDRESS		2.3 STREE	ADDRESS			1	
CITY-ST-ZP		2.4 CITY-5	T-ZIP		hange - Addition	-	
TITLE	ingrampe, it is not a large	☐ DELETE	3.1 TTILE	-		hange - Addition	'
NAME	,,		32 NAME	}	·		1

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:

CITY-ST-ZIP

STREET ADORESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

MIE

NAME

TITLE

NAME

TITLE

NAME

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

5.1 TFILE

52 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

DELETE

Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90089 039 ***150.00

Addition

☐ Addition

Addition

☐ Change

Change

Change