## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996 DOCUMENT #

1. Corporation Name S59552

(7)

SIGNATURE:

## **RSH INVESTMENT CORPORATION**

Principa' Pace o	of Business	 Mai	ing Address							
7040 WEST PALMETTO PARK RD. 7040 WEST PA SUITE 2-285 SUITE 2-285			40 WEST PALMETTO JITE 2-285 DCA RATON FL 3348	almetto park RD.						
DUCA NATUN EL 33400			DOOR NATION PE 35400			3. Date incorporated or Qualified 06/11/1991 06/19/1995			5	
2. Principal Plac	ce of Business	2a. 26	Mailing Address				4. FEI Number 65-0273763		L	Applied For Not Applicable
Suite, Apt. #, etc			Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additi			
City & State		· · · · · · · · · · · · · · · · · · ·	City & State	·			Election Campaign Financing     Trust Fund Contribution		•	May Be
Z4)	Country		Zıp	30	ntry		8. This corporation has liability for Florida Statutes Yes	intangible	tax under s	199.032,
:1	9. Name and Address of Curr	29  ent Registe	ered Agent	30			10. Name and Address of New F		d Agent	
	9, Hame and Address of Cur	on nogist			81	Name	10.			
LAMONT, ROBERT S. C/O LAMONT & LAMONT, P.A.					82	Street Add	et Address (P.O. Box Number is Not Acceptable)			
2 S BISCAYNE BLVD1 BISCAYNE TOWER #3550					83					
MIAMI FL 33131						City	<b>E.</b> 1 85 Zij		p Code	
				<u></u>			ration submits this statement for the pu	<u>F</u>		1.00
2.	egretice: typed or printed name of registered as OFFICERS A PD			13.		signarure respiri	ed when remistating: ADDITIONS/CHANGES TO OFF	DATE ICERS AN	ND DIRECTO Change	DRS IN 12
NAME STREET ADDRESS	CALDERON, SANDRA 7040 W. PALMETTO PARK	ROAD, 2-	285	1.2 NA 1 3 ST		DDRESS				
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IAM:	HERRERA, HUMBERTO MA		005	32 NA						
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NAME .				6 2 N						
STREET ADDRESS						DORESS				
CIN ST-ZP		-1 -34 -4 °	FF. 2 12 21 2 . 4	64 Ct	IY-SI	-ZIP	for the exemption stated in Section 119	17/2/IL	Florida Statu	tos I further
certify that oath; that I	the information indicated on this as	nnual report recration or	or supplemental an the receiver or trust	nual report i ee enipowei	is true	: and accur	ate and that my signature shall have the is report as required by Chapter 607, F	ı same ıcu	ai ellect as i	i made under

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Manule To Marie of Signing OFFICER OR DIRECTOR