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

**PROFIT CORPORATION** ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

V02049 DOCUMENT #

(7)

R.H. INTERNATIONAL, INC.						
Principal Place	of Business	Mailing Address			(B)	HOID 84011 01814 1801
10701 NW 14T	TH STREET	10701 NW 14TH STRE	ET			
NO. 267		NO. 267				
PLANTATION F	FL 33322	PLANTATION FL 3332	2	3. Date Incorporated or Qualified 12/24/1991	3a. Date of La 05/01/	
2. Principal Pla	ce of Business	2a. Mailing Address		4. FEI Number	Ī	Applied For
1		2:6		65-0310913	[	Not Applicable
Suite, Apt. #	l, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	1 1	.75 Additional ee Required
City & State		City & State		Election Campaign Financing     Trust Fund Contribution		5.00 May Be added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for		ers 199.032,
:4	25	29	30	_	□No	
······································	g. Name and Address of Curren	t Registered Agent	81 Name	10. Name and Address of New R	egistered Agent	
	JEZ, LUIS E.		82 Street Add	ress (P.O. Box Number is Not Acceptab	le)	
NO. 267	W 14TH STREET		83			
	TION FL 33322				······	
LOUIN	1014 1 E 33322		84 City		FL  85	Zip Code
or registere familiar with	o the provisions of Sections 607.0502 ed agent, or both, in the State of Floric h, and accept the obligations of, Secti	la. Such change was authori	ized by the corporation's boa	ration submits this statement for the pur ard of directors. I hereby accept the app	pose of changing pintment as regist	its registered office ered agent. I am
SIGNATURE	Signature, typed or printed har is of registered agent	anci tile il spiplicable (N	IOTE: Ragistered Agont signature requir	ed when reinstating)	DA1E.	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFF		CTORS IN 12
TITLE	PD DODOUEZ LUIO E	☐ DELETE	1. 1 TITLE		☐ Cha	CTORS IN 12 Inge Addition
NAME	RODRIGUEZ, LUIS E. 10701 NW 14TH ST. #267		1.2 NAME			
STREET ADDRESS	PLANTATION FL.		1.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	PERMIT	DELETE	1 4 CITY-ST-ZIP 2 1 TITLE		[ ] Cha	inge
NAME		<b></b>	2 ? NAME			-
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2.4 CITY-ST-ZIP			
TITLE		☐ DELETE	3. 1 TITLE		☐ Cha	ange 🔲 Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP		FIRE	3.4 CITY - ST - ZIP		Cha	ange 🗀 Addition
TITLE		DETE LE	4.1 TITLE		L. Cos	linge
NAME			4.2 NAME 4.3 STREET ADDRESS			
STREET ADORESS			4.3 STREET ADDRESS			
CITY-ST-ZIP TITLE		[ ] DELETE	5 1 TITLE		Cha	ange Addition
NAME		<u> </u>	5 2 NAME			<del></del>
STREET ADDRESS			53 STREET ADDRESS			
CITY-ST-ZIP			5.4 CHY-ST-ZIP			
TOTLE		☐ DELETE	6 1 TITLE		☐ Cha	ange 🔲 Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY - ST-ZIP		07/01/41	5
14. I do hereby certify that oath; that I appears in	y certry that the information supplied i the information indicated on this ann. I am an officer or directur of the corpo Block 12 or Block 13 if changed, or o	with this filing is voluntarily fur ual report or supplemental ar oration or the receiver or trus op an attachment with an ad	rnished and does not qualify noual report is true and accur tee empowered to execute to dress.	for the exemption stated in Section 119 rate and that my signature shall have the his report as required by Chapter 607, F	.u/(3)(k), Florida S same legal effect iorida Statutes; ar	tautes. Further tas if made under and that my name

SIGNATURE: \_\_

LUIS Kodriguez SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/06/96 (305) 370-3/21
Date Date Proce !