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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V30306

(7)

1. Corporation Name

RLL & ASSOCIATES, INC.

Principal Place of Business

8306 MILLS DRIVE
SUITE #696
MIAMI FL 33183

Mailing Address

8306 MILLS DRIVE
SUITE #696
MIAMI FL 33183

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

MARTIN, ROSE L.

1300 S.W. CT.

SUITE C

MIAMI FL 33186

11228 SW 147 PL
MIAMI, FL 33196

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature typed or printed name of registered agent and Member applicable

2001 Registered Agent's signature is not required

DATE

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

NAME MARTIN, ROSE L.

STREET ADDRESS 11228 S.W. 147 PLACE

CITY-ST-ZIP MIAMI FL 33196

2. TITLE ☐ DELETE

NAME VP/S

STREET ADDRESS 11228 S.W. 147 PALCE

CITY-ST-ZIP MIAMI FL 33196

3. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

4. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-ST-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-ST-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-ST-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-ST-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-ST-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rose L. Martin

2/7/96

995-1865

CR2E034 (12/95)