

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V35203** (1)

1. Corporation Name

R & R ACCOUNTING AND TAX SERVICES, INC.

Principal Place of Business

**1800 SW 1ST
STE 312
MIAMI FL 33125
US**

Mailing Address

**256 NW 42 AVE
MIAMI FL 33126
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 256 N.W. 42 AVE		26		05/11/1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0331531	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 MIAMI FL		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24 33126		29		30	
Country		Country		10. Name and Address of New Registered Agent	
25		30		81 Name	
9. Name and Address of Current Registered Agent		82 Street Address (P.O. Box Number is Not Acceptable)		83	
TRUJILLO, ROLANDO 256 NW 42 AVE MIAMI FL 33126		84 City		85 Zip Code	
		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 607.0503, Florida Statutes.

SIGNATURE _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	1.1 TITLE	DPT
NAME	TRUJILLO, ROLANDO	1.2 NAME	TRUJILLO, ROLANDO
STREET ADDRESS	1800 SW FIRST SUITE 312	1.3 STREET ADDRESS	256 N.W. 42 AVE
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI, FL 33126
TITLE	DVS	2.1 TITLE	DVS
NAME	TRUJILLO, ROXANA	2.2 NAME	TRUJILLO, ROXANA
STREET ADDRESS	1800 SW 1ST SUITE 312	2.3 STREET ADDRESS	256 N.W. 42 AVE
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI FL 33126
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(l), 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 _____
4/24/98 (305) 541-8790

CR2E034 (10/97)