

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

97 SEP 10 AM 10:48

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SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # V55608 (6)  
 1. Corporation Name  
 R.S.C. OF MIAMI, INC.



Principal Place of Business: 3303 NW 112 STREET, MIAMI FL 33167, US  
 Mailing Address: 3303 NW 112 STREET, MIAMI FL 33167, US

DO NOT WRITE IN THIS SPACE  
 3. Date Incorporated or Qualified: 08/05/1992  
 3a. Date of Last Report: 04/29/1996

2. Principal Place of Business  
 21 3303 NW 112 STREET  
 22 Suite, Apt. #, etc.  
 23 City & State: MIAMI, FL  
 24 Zip: 33167-3312 25 Country: USA

4. FEI Number: 65-0358892  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30:  Yes  No

9. Name and Address of Current Registered Agent  
 ZUCKERMAN, STEPHEN  
 3303 NW 112 STREET  
 MIAMI FL 33167

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable): 300002292293--1  
 83 -09/12/97--01130--007  
 84 City: \*\*\*\*165.00  
 85 Zip Code: FL \*\*\*\*165.00

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: *Stephen Zuckerman* PRESIDENT DATE: 9-2-97

12. OFFICERS AND DIRECTORS

|                |                            |                                 |
|----------------|----------------------------|---------------------------------|
| TITLE          | ST                         | <input type="checkbox"/> DELETE |
| NAME           | ZUCKERMAN, CAROL           |                                 |
| STREET ADDRESS | 3303 NW 112 ST             |                                 |
| CITY-ST-ZIP    | MIAMI FL                   |                                 |
| TITLE          | PD                         | <input type="checkbox"/> DELETE |
| NAME           | ZUCKERMAN, STEPHEN         |                                 |
| STREET ADDRESS | 3303 NW 112 STREET         |                                 |
| CITY-ST-ZIP    | MIAMI FL                   |                                 |
| TITLE          | VD                         | <input type="checkbox"/> DELETE |
| NAME           | ZUCKERMAN, RHODA           |                                 |
| STREET ADDRESS | 3303 NW 112 STREET         |                                 |
| CITY-ST-ZIP    | MIAMI FL                   |                                 |
| TITLE          | AS                         | <input type="checkbox"/> DELETE |
| NAME           | FREEMAN, PAUL H            |                                 |
| STREET ADDRESS | 9100 S. DADELAND BLVD 1406 |                                 |
| CITY-ST-ZIP    | MIAMI FL                   |                                 |
| TITLE          |                            | <input type="checkbox"/> DELETE |
| NAME           |                            |                                 |
| STREET ADDRESS |                            |                                 |
| CITY-ST-ZIP    |                            |                                 |
| TITLE          |                            | <input type="checkbox"/> DELETE |
| NAME           |                            |                                 |
| STREET ADDRESS |                            |                                 |
| CITY-ST-ZIP    |                            |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-ST-ZIP    |   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-ST-ZIP    |   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    |   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY-ST-ZIP    |   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |   |
| 6.3 STREET ADDRESS |   |
| 6.4 CITY-ST-ZIP    |   |

14. I do 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.

SIGNATURE: *Stephen Zuckerman* DATE: 9-2-97

CR2E034 (4/97)