

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

FILED
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90001 014 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96 000045293 ✓
 1. Corporation Name *Rhino Arts International, Inc.*
c/o Joseph Fisher
9449 Old Dixie Highway
Miami, FL 33156

Principal Place of Business <i>c/o Joseph Fisher</i> <i>9449 Old Dixie Highway</i> <i>Miami, FL 33156</i>	Mailing Address <i>c/o Joseph Fisher</i> <i>9449 Old Dixie Highway</i> <i>Miami, FL 33156</i>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <i>1-15-97</i>	4. FEI Number <i>65-0670982</i>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent

81 Name <i>Simon Scudera</i>
82 Street Address (P.O. Box Number is Not Acceptable) <i>9449 Old Dixie Highway</i>
83 <i>c/o Joseph Fisher</i>
84 City <i>Miami</i>
85 Zip Code <i>FL 33156</i>

10. Name and Address of New Registered Agent

81 Name <i>Simon Scudera</i>
82 Street Address (P.O. Box Number is Not Acceptable) <i>9449 Old Dixie Highway</i>
83 <i>c/o Joseph Fisher</i>
84 City <i>Miami</i>
85 Zip Code <i>FL 33156</i>

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 *Simon Scudera* (NOTE: Registered Agent signature required when reinstating) DATE *4-21-99*

12. OFFICERS AND DIRECTORS

TITLE <i>PD</i>	<input type="checkbox"/> DELETE
NAME <i>Simon Scudera</i>	
STREET ADDRESS <i>9449 Old Dixie Highway</i>	
CITY-ST-ZIP <i>Miami, FL 33156</i>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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, with all other like empowered.

SIGNATURE: *Simon Scudera* DATE: *4-21-99* DAYTIME PHONE #: *705-670-1181*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/198)