


FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90187 041 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000057765

1. Corporation Name
RISING RHYTHM, INC.



Principal Place of Business 901 NE 125TH ST., SUITE 103 NORTH MIAMI FL 33161	Mailing Address 901 NE 125TH ST., SUITE 103 NORTH MIAMI FL 33161
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		4. FEI Number		Applied For	
21		26	1521 Alton Road	06/29/1998		65-0848793		Not Applicable	
Suits, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		8.75 Additional Fee Required			
22		27	Suite 129	X					
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees			
23		28	Miami Beach, Florida	□					
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible Personal Property Tax.		□ Yes □ No			
24		29	33139	39		USA			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BONDY, DARREN 11541 NE 7TH AVE MIAMI FL 33161				81 Name	DARREN W. BONDY		
				82 Street Address (P.O. Box Number is Not Acceptable)	65 N.E. 109 STREET		
				83	Miami Shores, Florida 33161		
				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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONDY, DARREN	1.2 NAME	Darren W. Bondy
STREET ADDRESS	11541 NE 7TH AVE	1.3 STREET ADDRESS	65 N.E. 109 Street
CITY-ST-ZIP	MIAMI FL 33161	1.4 CITY-ST-ZIP	Miami Shores, Florida 33161
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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: Darren W. Bondy **ED** Darren W. Bondy / 19/99 1-305-895-7355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)