


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

FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90045 041 ***158.75

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PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 854457					
1. Corporation Name R.E.C. INTERNATIONAL, INC.					
Principal Place of Business 7420 S.W. 59TH AVENUE MIAMI FL 33143 US			Mailing Address P.O. BOX 143680 MIAMI FL 33114-3680 US		
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 10/21/1982	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 98-0055130	
City & State 23		City & State 28		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Zip 29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25		Country 30		7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent GOMEZ, GERMAN 370 W CAMINO GARDENS BLVD 300 BOCA RATON FL 33432			10. Name and Address of New Registered Agent 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TORRES, JOSE MARIA LEON		1.2 NAME	RICARDO SOTO	
STREET ADDRESS	AVENIDA CUBA #32-43		1.3 STREET ADDRESS	CALLE EIVIRA MENDEZ #10	
CITY-ST-ZIP	P.REP. DE P.		1.4 CITY-ST-ZIP	PANAMA, REP. DE PANAMA	
TITLE	SD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TORRES, ALEXANDER TAMAYO		2.2 NAME	CELESTINO ARACIZ	
STREET ADDRESS	AVENIDA CUBA #32-43		2.3 STREET ADDRESS	CALLE EIVIRA MENDEZ #10	
CITY-ST-ZIP	P.REP. DE P.		2.4 CITY-ST-ZIP	PANAMA, REP. DE PANAMA	
TITLE	VD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DE TAMAYO, MARINA TORRES		3.2 NAME	LIA De JURADO	
STREET ADDRESS	AVENIDA CUBA #32-43		3.3 STREET ADDRESS	CALLE EIVIRA MENDEZ #10	
CITY-ST-ZIP	P.REP. DE P.		3.4 CITY-ST-ZIP	PANAMA, REP. DE PANAMA	
TITLE	AS	<input type="checkbox"/> DELETE	4.1 TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOMEZ, GERMAN		4.2 NAME	GERMAN GOMEZ	
STREET ADDRESS	600 WEST HILLSBORO BLVD. SUITE 300		4.3 STREET ADDRESS	370 W. CAMINO GARDENS BLVD.	
CITY-ST-ZIP	DEERFIELD BEACH FL		4.4 CITY-ST-ZIP	BOCA RATON, FL 33432	
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 15/99

Date

(561) 416 7244

Daytime Phone #

CR2E034 (11/98)