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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F73159

1. Corporation Name

R B I ENTERPRISES, INC.

Apr 21, 1999 8:00 am
Secretary of State
04-21-1999 90217 039 ***150 00



	·				_			
Principal Place of Business Mailing Address								
9300 S DADELAND BLVD 9300 S. DADELAND BLVD					,			
SUITE 415		STE 415			DO NOT WRITE IN THIS SPACE	re		
MIAMI FL 33150 US	MIAMI FL 33186 US	FL 33186		3. Date Incorporated or Qualifed				
05		03			03/23/1982			
2. Principal Place of Business 2a. Mailing Address					4, FEI Number	Applied For		
21		26			65-0117535	Not Applicable		
Suite, Apt.	Şuite, Apt. #, etc.			5. Certificate of Status Desired	3.75 Additional			
22		27	27		5. Certificate of Status Desired	Fee Required		
City & State	e	City & State			6. Election Campaign Financing	5.00 May Be		
23		28	28		Trust Fund Contribution	Added to Fees		
Zip Country		Zip Country			8. This corporation owes the current year Intangib	le		
24	25	29 30			Personal Property Tax.	es □No		
	9. Name and Address of Current				10. Name and Address of New Registered Agen	t		
BVE	DO IAMES C		81	Name				
BYERS, JAMES C 30 SW 31ST ROAD				Street Addre	ss (P.O. Box Number is Not Acceptable)			
MIAMI FL 33129			83					
	•		84	City	FL 85	Zip Code		
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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		ered Agent	signature required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIT	RECTORS IN 12		
12.	OFFICERS AND					hange Addition		
TITLE	PD AMES C	_	1 TITLE		۵.	, manage		
NAME .	BYERS, JAMES C	ì	2 NAME	ł				
STREET ADDRESS	30 SW 31ST ROAD	1.	,3 STREET	ADDRESS	•	L		
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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 acciver or trusted 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 altachment that an address, with all other like empowered.

SIGNATURE:

AND THE OF SIGNING OFFICER OR DIRECTOR

H 19/99 305-1070.4525