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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **M54821**

1. Corporation Name
R.V.G. GROUP INC.



Principal Place of Business: 375 NE 72ND TERRACE NORTH MIAMI FL 33138

Mailing Address: 375 NE 72ND TERRACE NORTH MIAMI FL 33138

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/01/1987**

4. FEI Number: **65-0087987** Applied For: Not Applicable:

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 the current year Intangible Personal Property Tax: Yes No

2. Principal Place of Business: 21 **11755 Biscayne Blvd.** Suite, Apt. #, etc.: **Suite 201** City & State: **NORTH MIAMI, FL** Zip: **33181** Country: **USA** Date: **25**

2a. Mailing Address: 26 **11755 Biscayne Blvd.** Suite, Apt. #, etc.: **Suite 201** City & State: **NORTH MIAMI, FL** Zip: **33181** Country: **USA** Date: **30**

9. Name and Address of Current Registered Agent
~~ROTHSTEIN, LAZARUS ESQ
 11077 BISCAYNE BLVD
 PENTHOUSE
 MIAMI FL 33161~~ **DELETE**

10. Name and Address of New Registered Agent

81 Name: **REYNALD KATZ**

82 Street Address (P.O. Box Number is Not Acceptable): **11755 Biscayne Blvd.**

83 **Suite 201**

84 City: **NORTH MIAMI** FL 85 Zip Code: **33181**

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: Reynald Katz (NOTE: Registered Agent signature required when reinstating) DATE: 7/26/99

12. OFFICERS AND DIRECTORS

TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	KATZ, REYNALD
STREET ADDRESS	375 NE 72ND TERRACE
CITY-ST-ZIP	N. MIAMI BEACH FL 33138
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	President/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Reynald Katz
1.3 STREET ADDRESS	11755 Biscayne Blvd. #201
1.4 CITY-ST-ZIP	NORTH MIAMI, FL 33181
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 employed 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: Reynald Katz SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: 7-26-99 Daytime Phone #

CR2E034 (1/98)