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 # P9400020207

FILED Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90031 035 ***150.00

· Corporation									
R K FRE	ELANCE PRODUCT	IONS INC.							66311 166+ 1881
					_				
Principal Place	e of Business	Mailing	g Address						••••••
9 ISLAND AVE MIAMI BEACH FL 33139 9 ISLAND AVE MIAMI BEACH FL 33139									
			BEACH FL 33139	1		DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualif	_		
						03/14/1994	00		į
2 Principal P	tace of Business	2a. Ma	ailing Address			4. FEI Number	_	Apr	plied For
<u>-</u>	lace of Dusilless	} —	aning Address			65-0475821		<u> </u>	t Applicable
Suite, Apt.	# etc	26	ite, Apt. #, etc.					\$8.75 A	
22 井/1		27 -#	=////			5. Certifcate of Status Desired		Fee Re	
City & Stat			ity & State			6. Election Campaign Financir		\$5.00	May Re
23		28	,			Trust Fund Contribution -	'y □_	→ Added to	
Zip	Country	Zip		Cour	itry	8. This corporation owes the c	urrent year Int	angible	
24	25	29		30		Personal Property Tax.	•		□No
	9. Name and Address		ed Agent	11		10. Name and Address of Ne	w Registered	Agent	
					81 Name			;	
	ez, ana karina			1	82 Street Add	Idress (P.O. Box Number is Not Acce	ntable)		
-	land ave				Sileet Au	Idless (1.0. Dox Nambor is Not Noc	paolo		
MIAI	MI BEACH FL 33139			ľ	83		_		
				Ļ	-1 -		_	85 Zip C	- Odo
					84 City		. EI	85 Zip C	- L
				- 1	' '		* L		
11Pursuant	to the provisions of Section	ns 607.0502 and 607.1	1508, Florida Statu	- 1	' '	rporation submits this statement for	he purpose of	changing its	registered
11. Pursuant office or r	to the provisions of Section egistered agent, or both, in	ns 607.0502 and 607.1	1508, Florida Statu Such change was a	ites, the ab	ove-named cor by the corpora	rporation submits this statement for attion's board of directors. I hereby ac	he purpose of cept the appoi	changing its ntment as reg	registered gistered
agent. I a	to the provisions of Section registered agent, or both, in m familiar with, and accept	ns 607.0502 and 607.1 h the State of Florida. S the obligations of, Sec	1508, Florida Statu Such change was a ction 607.0505, Flo	ites, the ab	ove-named cor by the corpora	rporation submits this statement for a tion's board of directors. I hereby ac	the purpose of cept the appoi	changing its ntment as rec	registered gistered
11. Pursuant office or r agent. I a	to the provisions of Section registered agent, or both, in m familiar with, and accept Signature, typed or printed name of	the obligations of, Sec	oction bu7.0505; FR	ites, the ab authorized orida Statu	ove-named corborates.	uired when reinstating)	DATE		
agent. I a	m familiar with, and accept	the obligations of, Sec	olicable. (NOT	ites, the ab authorized orida Statu	ove-named corborates.		DATE	ID DIRECTO	RS IN 12
agent, I a	m familiar with, and accept	registered agent and title if appl	okcable. (NOT	ites, the ab authorized orida Statu	ove-named colby the corporates.	uired when reinstating)	DATE		
agent, I a SIGNATURE 12.	m familiar with, and accept Signature, typed or printed name of OFF	registered agent and title if appl	olicable. (NOT	ites, the ab authorized orida Statu E: Registered	ove-named corby the corporates.	uired when reinstating)	DATE	ID DIRECTO	RS IN 12
agent, I a SIGNATURE 12. TITLE	Signature, typed or printed name of OFF	registered agent and title if appl	olicable. (NOT	tes, the abauthorized orida Statu E. Registered	ove-named corby the corporates.	uired when reinstating)	DATE	ID DIRECTO	RS IN 12
agent. Fa	Signature, typed or printed name of OFF D LOPEZ, ANA KARINA	registered agent and title if appl	olicable. (NOT	tes, the abauthorized orida Statu E: Registered	ove-named corby the corporates.	uired when reinstating)	DATE	ID DIRECTO	RS IN 12
agent. Ta SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of OFF D LOPEZ, ANA KARINA 9 ISLAND AVE	registered agent and title if appl	olicable. (NOT	tes, the abauthorized orida Statu E: Registered	ove-named corby the corporales. Agent signature requirements E.E. ME.E.E.E.T. ADDRESS Y-ST-ZIP	uired when reinstating)	DATE	ID DIRECTO	RS IN 12
agent, Ta SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of OFF D LOPEZ, ANA KARINA 9 ISLAND AVE	registered agent and title if appl	okicable. (NOT ORS	tes, the abauthorized orida Statu E: Registered 1.1 TIM 1.2 NAI 1.3 STE 1.4 CIT	ove-named coi by the corpora tes. Agent signature requi	uired when reinstating)	DATE	ID DIRECTO	RS IN 12
agent. Ta SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of OFF D LOPEZ, ANA KARINA 9 ISLAND AVE	registered agent and title if appl	okicable. (NOT ORS	tes, the abauthorized orida Statu E: Registered 13. 1.1 TIM 1.2 NAI 1.3 STE 1.4 CIT 2.1 TIT 2.2 NAI	ove-named coi by the corpora tes. Agent signature requi	uired when reinstating)	DATE	ID DIRECTO	RS IN 12
agent. Ta SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of OFF D LOPEZ, ANA KARINA 9 ISLAND AVE	registered agent and title if appl	okicable. (NOT ORS	tes, the abauthorized orida Statu E: Registered 13. 1.1 TITI 1.2 NAI 1.3 STR 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STR	ove-named coi by the corpora tes. Agent signature requi	uired when reinstating)	DATE	ID DIRECTO Change	RS IN 12 Addition
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of OFF D LOPEZ, ANA KARINA 9 ISLAND AVE	registered agent and title if appl	okicable. (NOT ORS	tes, the abauthorized orida Statu E: Registered 13. 1.1 TITI 1.2 NAI 1.3 STR 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STR	ove-named coipy the corporates. Agent signature requirements of the corporates. LE ME REET ADDRESS Y-ST-ZIP AE REET ADDRESS Y-ST-ZIP	uired when reinstating)	DATE	iD DIRECTO Change Change Change	RS IN 12
agent. Ta SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of OFF D LOPEZ, ANA KARINA 9 ISLAND AVE	registered agent and title if appl	Cition 607.0505, Fix	tes, the abauthorized orida Statu E: Registered 13. 1.1 TITI 1.2 NAI 1.3 STE 1.4 CIT 2.1 TIT 2.2 NAI 2.3 STE 2.4 CF	Agent signature requirements Agent Address Y-ST-ZIP E-T-ZIP E-T-ZIP E-T-ZIP E-T-ZIP E-T-ZIP E-T-ZIP E-T-ZIP	uired when reinstating)	DATE	ID DIRECTO Change	RS IN 12 Addition
agent, 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of OFF D LOPEZ, ANA KARINA 9 ISLAND AVE	registered agent and title if appl	Cition 607.0505, Fix	tes, the abauthorized orida Statu E: Registered / 13. 1.1 TITI 1.2 NAI 1.3 STE 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STE 2.4 CI 3.1 TITI 3.2 NAI	Agent signature requirements Agent Address Y-ST-ZIP E-T-ZIP E-T-ZIP E-T-ZIP E-T-ZIP E-T-ZIP E-T-ZIP E-T-ZIP	uired when reinstating)	DATE	iD DIRECTO Change Change Change	RS IN 12 Addition
Agent, Ta SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	Signature, typed or printed name of OFF D LOPEZ, ANA KARINA 9 ISLAND AVE	registered agent and title if appl	DELETE	tes, the abauthorized orida Statu E: Registered // 13. 1.1 TM 1.2 NAI 1.3 STE 2.1 TIT 2.2 NAI 2.3 STE 2.4 CF 3.1 TIT 3.2 NAI 3.3 STE	Agent signature requirements Agent	uired when reinstating)	DATE	ID DIRECTO Change Change Change	RS IN 12 Addition Addition
Agent. Ta SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	Signature, typed or printed name of OFF D LOPEZ, ANA KARINA 9 ISLAND AVE	registered agent and title if appl	Cition 607.0505, Fix	tes, the abauthorized orida Statu E: Registered // 13. 1.1 TM 1.2 NAI 1.3 STE 2.1 TIT 2.2 NAI 2.3 STE 2.4 CF 3.1 TIT 3.2 NAI 3.3 STE	Agent signature requirements.	uired when reinstating)	DATE	iD DIRECTO Change Change Change	RS IN 12 Addition
agent. Ta SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of OFF D LOPEZ, ANA KARINA 9 ISLAND AVE	registered agent and title if appl	DELETE	tes, the abauthorized orida Statu E: Registered // 13. 1.1 TM 1.2 NAI 1.3 STE 1.4 CM 2.1 TM 2.2 NAI 2.3 STI 2.4 CC 3.1 TM 3.2 NAI 3.3 STE 3.4 CM	OVE-Named colby the corporates. Agent signature requirements of the corporates. Agent signature requirements of the corporate of the corpora	uired when reinstating)	DATE	ID DIRECTO Change Change Change	RS IN 12 Addition Addition
Agent. Ta SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of OFF D LOPEZ, ANA KARINA 9 ISLAND AVE MIAMI BEACH FL 331	registered agent and title if appl	DELETE	tes, the abauthorized orida Statu E: Registered / 13. 1.1 TITI 1.2 NAI 1.3 STE 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STI 2.4 CIT 3.1 TITI 3.2 NAI 3.3 STI 3.4 CIT 4.2 NAI 4.2	OVE-Named colby the corporates. Agent signature requirements of the corporates. Agent signature requirements of the corporate of the corpora	uired when reinstating)	DATE	ID DIRECTO Change Change Change	RS IN 12 Addition Addition
Agent, Ta SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of OFF D LOPEZ, ANA KARINA 9 ISLAND AVE MIAMI BEACH FL 331	registered agent and title if appl	DELETE DELETE	tes, the abauthorized orida Statu E: Registered // 13. 1.1 Tiff 1.2 NAI 1.3 STF 1.4 CIT 2.1 TIT 2.2 NAI 2.3 STF 3.2 NAI 3.3 STF 3.4 CIT 4.1 TIT 4.2 NAI 4.3 STF 4.3 STF	OVE-Named colby the corporates. Agent signature requirements of the corporates. Agent signature requirements of the corporate of the corpora	uired when reinstating)	DATE	DDIRECTO Change Change Change	RS IN 12 Addition Addition Addition
AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Signature, typed or printed name of OFF D LOPEZ, ANA KARINA 9 ISLAND AVE MIAMI BEACH FL 331	registered agent and title if appl	DELETE	tes, the abauthorized orida Statu E: Registered // 13. 1.1 TM 1.2 NAI 1.3 STE 1.4 CM 2.1 TM 2.2 NAI 2.3 STM 2.4 CM 3.3 STM 3.2 NAI 3.3 STM 4.1 TM 4.2 NAI 4.3 STM 4.3 STM 4.5 TM 4.5 TM 5.1 TM 5.1 TM	OVE-Named colby the corporates. Agent signature requirements of the corporates. Let Ale REET ADDRESS Y-ST-ZIP LE REET ADDRESS Y-ST-ZIP	uired when reinstating)	DATE	ID DIRECTO Change Change Change	RS IN 12 Addition Addition
agent. Ta SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of OFF D LOPEZ, ANA KARINA 9 ISLAND AVE MIAMI BEACH FL 331	registered agent and title if appl	DELETE DELETE	tes, the abauthorized orida Statu E: Registered / 13. 1.1 TM 1.2 NAI 1.3 STE 1.4 CM 2.1 TM 2.2 NAI 2.3 STF 2.4 CM 3.3 STF 3.2 NAI 3.3 STF 4.2 NAI 4.3 STF 4.2 NAI 4.3 STF 4.4 CM 5.1 TM 5.2 NAI 5.3 NAI 5.3 NAI 5.3 NAI 5.3 NAI 5.3 NAI 5.3 NAI 5.4 NAI 5.4 NAI 5.5 NAI 5.4 NAI 5.5 NAI 5	OVE-Named colby the corporates. Agent signature requires. AGENT ADDRESS Y-ST-ZIP EVEET ADDRESS Y-ST-ZIP	uired when reinstating)	DATE	DDIRECTO Change Change Change	RS IN 12 Addition Addition Addition
AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE	Signature, typed or printed name of OFF D LOPEZ, ANA KARINA 9 ISLAND AVE MIAMI BEACH FL 331	registered agent and title if appl	DELETE DELETE	tes, the abauthorized orida Statu E: Registered / 13. 1.1 TITI 1.2 NAI 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STF 3.2 NAI 3.3 STF 4.4 CIT 4.2 NAI 4.3 STF 4.5 TITI 5.2 NAI 5.3 STF	OVE-Named Colby the corporates. Agent signature requirements of the corporates. Agent signature requirements of the corporate of the corpora	uired when reinstating)	DATE	DDIRECTO Change Change Change	RS IN 12 Addition Addition Addition
agent. Ta SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of OFF D LOPEZ, ANA KARINA 9 ISLAND AVE MIAMI BEACH FL 331	registered agent and title if appl	DELETE DELETE DELETE	tes, the abauthorized orida Statu E: Registered / 13. 1.1 TM 1.2 NAI 1.3 STE 1.4 CM 2.1 TM 2.2 NAI 2.3 STM 3.2 NAI 3.3 STM 4.2 NAI 4.3 STE 4.4 CM 4.3 STM 4.5 TM 5.1 TM 5.2 NAI 5.3 STM 5.4 CM 5.3 STM 5.4 CM 5.3 STM 5.4 CM	OVE-Named Colby the corporates. Agent signature requires. Agent Address. Y-ST-ZIP Agent Address.	uired when reinstating)	DATE	D DIRECTO Change Change Change	RS IN 12 Addition Addition Addition Addition
AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of OFF D LOPEZ, ANA KARINA 9 ISLAND AVE MIAMI BEACH FL 331	registered agent and title if appl	DELETE DELETE	tes, the abauthorized orida Statu E. Registered / 13. 1.1 TITI 1.2 NAI 1.3 STE 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STI 3.2 NAI 3.3 STI 4.4 CIT 4.2 NAI 4.5 STI 5.1 TIT 5.2 NAI 5.3 STI 5.4 CIT 6.1 TIT	OVE-Named Colby the corporates. Agent signature requirements of the corporates. Let Ale Reet Address Y-ST-ZIP Let Ale Reet Address Y-ST-ZIP Let Address X-ST-ZIP Let Address X-ST-ZIP Let Address X-ST-ZIP X-ST-ZIP Let Address X-ST-ZIP Let Address X-ST-ZIP X-ST-ZIP	uired when reinstating)	DATE	DDIRECTO Change Change Change	RS IN 12 Addition Addition Addition
agent. Ta SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of OFF D LOPEZ, ANA KARINA 9 ISLAND AVE MIAMI BEACH FL 331	registered agent and title if appl	DELETE DELETE DELETE	13. 1.1 TITI 22 NAI 3.3 STI 4.2 CIT 4.2 NAI 5.3 STI 5.4 CIT 6.1 TITI 6.2 NAI 5.3 STI 6.1 TITI 6.2 NAI 6.2 NAI 6.3 STI 6.1 TITI 6.2 NAI 6.3 STI 6.1 TITI 6.2 NAI 6.3 NAI 6.3 STI 6.1 TITI 6.2 NAI 6.3 STI 6.1 TITI 6.2 NAI 6.3 NAI 6.3 STI 6.3 NAI 6.3 NAI 6.3 STI 6.3 NAI 6.3	OVE-Named Colby the corporates. Agent signature requirements of the corporates. Let ME REET ADDRESS Y-ST-ZIP LET ME	uired when reinstating)	DATE	D DIRECTO Change Change Change	RS IN 12 Addition Addition Addition Addition
AGENT. Ta SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of OFF D LOPEZ, ANA KARINA 9 ISLAND AVE MIAMI BEACH FL 331	registered agent and title if appl	DELETE DELETE DELETE	13. 1.1 TITI 22 NAI 3.3 STI 4.2 CIT 4.2 NAI 5.3 STI 5.4 CIT 6.1 TITI 6.2 NAI 5.3 STI 6.1 TITI 6.2 NAI 6.2 NAI 6.3 STI 6.1 TITI 6.2 NAI 6.3 STI 6.1 TITI 6.2 NAI 6.3 NAI 6.3 STI 6.1 TITI 6.2 NAI 6.3 STI 6.1 TITI 6.2 NAI 6.3 NAI 6.3 STI 6.3 NAI 6.3 NAI 6.3 STI 6.3 NAI 6.3	OVE-Named Colby the corporates. Agent signature requirements of the corporates. Let Ale Reet Address Y-ST-ZIP Let Ale Reet Address Y-ST-ZIP Let Address X-ST-ZIP Let Address X-ST-ZIP Let Address X-ST-ZIP X-ST-ZIP Let Address X-ST-ZIP Let Address X-ST-ZIP X-ST-ZIP	uired when reinstating)	DATE	D DIRECTO Change Change Change	RS IN 12 Addition Addition Addition Addition

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 chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE:

6736010