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 # P9400033180

Corporation Name

RUPEES, INC.

,		
Principal Place of Business	Mailing Address	
415 NW 27TH ST	415 NW 27TH ST	
MIAMI FL 33127	MIAMI FL 33127 US	

FILED Jan 22, 1999 8:00am Secretary of State

01-22-1999 90014 008 ***150.00



MIAMI FL 33127	•	ì	DO NOT WE	ITE IN THIS	SPACE	
US		<u> </u>			O. AGE	
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				·	Ann	lied For
<u> </u>						Applicable
26			00-0488042			
├ ──		5.	Certificate of Status Desired		• -	I
City & State		6.	Election Campaign Financing		\$5.00	May Be
28		-	Trust Fund Contribution		Added to	Fees
Zip	Country	8.	This corporation owes the cur	rent year Int		
29	30	;	Personal Property Tax.		⊠ Yes	□No
		10.	Name and Address of New	Registered	Agent	
	81 Na	ame		•		ļ
			O. D. M. haris Nat Assess	labla\		
F	82 Str	reet Address (P.	O. Box Number is Not Accept	(able)		
-	83					1,000
				*	10510 <u> </u>	经验证
	84 Cit	ty		FL	85 Zip C	ode "
07 0502 and 607 1508 Florida Statute	es, the above-nar	med corporation	submits this statement for the	purpose of	changing its	registered
State of Florida. Such change was at	thorized by the	corporation's bo	ard of directors. I hereby acce	ept the appoi	intment as reg	gistered
obligations of, Section 607.0505, Flor	nda Statutes.					
WOTE:	Decisional Appet size	atura required when re	inetating)	DATE	·	
					ND DIRECTO	RS IN 12
			<u></u>		Change	☐ Addition
_	1.2 NAME					ļ
		0000				
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	1.4 CITY-ST-ZIP	RESS		<u> </u>	Change	☐ Addition
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	Suite, Apt. #, etc. 27 City & State 28 Zip 29 Current Registered Agent E 07.0502 and 607.1508, Florida Statute State of Florida. Such change was at obligations of, Section 607.0505, Florida Statute State of Florida. Such change was at obligations of, Section 607.0505, Florida Statute State of Florida. Such change was at obligations of, Section 607.0505, Florida Statute State of Florida. Such change was at obligations of Section 607.0505, Florida Statute Control of the state of the st	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30 Current Registered Agent 81 Na 82 St 83 84 Ci 83 84 Ci 85 State Country 85 State Country 86 State Country 87 State Country 88 State Country 89 State Country 10 State Country 11 State Country 12 State Country 13 State Country 13 State Country 14 State Country 15 State Country 16 State Country 17 State Country 18 State Country 19 State Country 10 Sta	2a. Mailing Address 4. I 2b. Suite, Apt. #, etc. 5. I City & State 6. I Zip Country 8. I Zip Country 8. I Zip Country 8. I Zip Street Address (P. III) Current Registered Agent 10. III B1 Name B2 Street Address (P. III) B3 Street Address (P. III) City & State 607.1508, Florida Statutes, the above-named corporation State of Florida. Such change was authorized by the corporation's botobligations of, Section 607.0505, Florida Statutes. City & State 6. III City & State 6. IIII City & Street Address (P. IIIIIII) City & Street Address (P. IIIIIII) City & State 6. IIIIIII City & State 6. IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	3. Date Incorporated or Qualifed 05/03/1994 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Zip 29 Country 30 Current Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Accepted 83 84 City City State of Florida. Such change was authorized by the corporation's board of directors. I hereby accepting the status Desired 65-0488542 5. Certifcate of Status Desired 65-0488542 5. Certifcate of Status Desired 71-10-10-10-10-10-10-10-10-10-10-10-10-10	2a. Mailing Address 25	2a. Mailing Address 4. FEI Number 65-0488542 Not

14. 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

IATURE AND TYPED OF BRISTED NAME OF SIGNING OFFICER OR DIRECTOR

K- DX

Dnotain 1/5/99

(301) 576-43

Daytime Phone

R2E034 (11/98)

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