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PROFIT CORPORATION ANNUAL REPORT 1999



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

FILED Jun 08, 2000 8:00 am Secretary of State

06-08-2000 90030 031 ***158.75

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Corporation Name RNN INTERNATIONAL MARKETING, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: NW 79 AVE FL 33122. Mailing Address: 8290 LAKE DRIVE SUITE 139 MIAMI FL 33166. 2a. Mailing Address: 2135 NW 79 AV. City & State: MIAMI, FL. Zip: 33122. Country: USA.

3. Date Incorporated or Qualified: 04/03/1995. 4. FEI Number: 65-0576892. 5. Certificate of Status Desired: [checked]. \$8.75 Additional Fee Required. 6. Election Campaign Financing Trust Fund Contribution: [unchecked]. \$5.00 May Be Added to Fees. 8. This corporation owes the current year intangible Personal Property Tax: [checked] Yes [unchecked] No.

9. Name and Address of Current Registered Agent: NOGUEIRA, RODRIGO N 8290 LAKE DR #139 MIAMI FL 33166.

10. Name and Address of New Registered Agent: 81 Name: RODRIGO N. NOGUEIRA. 82 Street Address: 2135 NW 79 AV. 83 City: MIAMI FL 84 Zip Code: 33122.

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, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) RODRIGO N. NOGUEIRA 5/17/00

Table with 2 main columns: OFFICERS AND DIRECTORS (Block 12) and ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (Block 13). Includes fields for title, name, street address, city-st-zip, and checkboxes for change/addition/delete.

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] 1/2/99 (305) 477-6647 Date Daytime Phone #