

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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90022 034 ***155.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000046566

1. Corporation Name
RR 4 MARKETING GROUP, INC.

Principal Place of Business 15266 SW 170 TERRACE MIAMI FL 33187	Mailing Address P.O. BOX 831477 MIAMI FL 33283-1477
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 9044 SW 148 CT. Suite, Apt. #, etc. 22 City & State 23 MIAMI - FL Zip Country 24 33196 25 U.S.A.	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30
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3. Date Incorporated or Qualified 06/12/1995	4. FEI Number 65-0598917	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees		
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

RODRIGUEZ, SR., RAFAEL L
15266 SW 170 TERRACE
MIAMI FL 33187

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	9044 SW 148 CT.
83	
84 City	MIAMI FL
85 Zip Code	33196

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RODRIGUEZ, SR., RAFAEL L	
STREET ADDRESS	15266 SW 170 TERRACE	
CITY-ST-ZIP	MIAMI FL 33187	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	RODRIGUEZ, JR., RAFAEL L	
STREET ADDRESS	15266 SW 170 TERRACE	
CITY-ST-ZIP	MIAMI FL 33187	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	RODRIGUEZ, RONALD	
STREET ADDRESS	15266 SW 170 TERRACE	
CITY-ST-ZIP	MIAMI FL 33187	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	RODRIGUEZ, ROBERT	
STREET ADDRESS	15266 SW 170 TERRACE	
CITY-ST-ZIP	MIAMI FL 33187	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	9044 SW 148 CT
1.4 CITY-ST-ZIP	MIAMI-FL 33196
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	24 CALABRIA AVE #6
2.4 CITY-ST-ZIP	CORAL GABLES, FL 33134
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	9044 SW 148 CT.
3.4 CITY-ST-ZIP	MIAMI-FL 33196
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	9044 SW 148 CT
4.4 CITY-ST-ZIP	MIAMI-FL 33196
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 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: Rafael L. Rodriguez Sr. **SIGNATURE REQUIRED** RAFAEL L. RODRIGUEZ SR. 04-29-99 305-408-7017
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (1/198)