

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

FILED
May 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000000673 (9)**

1. Corporation Name

RFD INTERNATIONAL CORPORATION

Principal Place of Business

**500 N.E. 191 STREET
MIAMI FL 33179**

Mailing Address

**500 N.E. 191 STREET
MIAMI FL 33179**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/02/1996	
21		26		4. FEI Number 65-0635001	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		Trust Fund Contribution	
23		28		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

10. Name and Address of New Registered Agent

81	Name	Kenneth P. Shaw
82	Street Address (P.O. Box Number is Not Acceptable)	500 N.E. 191st Street
83		
84	City	Miami
85	Zip Code	FL 33179

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

Signature, typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when reinstating)

4/27/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	P/E/O
NAME	SHAW, KENNETH P.	1.2 NAME	SHAW, KENNETH P.
STREET ADDRESS	% 500 N.E. 191 STREET	1.3 STREET ADDRESS	410 500 N.E. 191 STREET
CITY-ST-ZIP	MIAMI FL 33179	1.4 CITY-ST-ZIP	MIAMI, FL 33179
TITLE	D	2.1 TITLE	V/M
NAME	SHAW, DAN	2.2 NAME	GOVIND MUTHIAH
STREET ADDRESS	% 500 N.E. 191 STREET	2.3 STREET ADDRESS	410 500 N.E. 191 STREET
CITY-ST-ZIP	MIAMI FL 33179	2.4 CITY-ST-ZIP	MIAMI, FL 33179
TITLE	D	3.1 TITLE	
NAME	SHAW, JACQUELYN	3.2 NAME	
STREET ADDRESS	% 500 N.E. 191 STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33179	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 registered 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.

SIGNATURE:

4/27/98

(305) 651-3772

CR2E034 (10/97)