PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600034092

Corporation Name

FILED Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90129 035 ***150.00

RHAMPI	ON, INC.					
						A DECEMBER OF A STORE THE STORE AND ARTER AREA WAS A STORE AND A S
Principal Place		Mailing Address				
3900 GALT OCEAN DR. #216 3900 GALT OCEAN DR. #216 FORT LAUDERDALE FL 33308 FORT LAUDERDALE FL 3330						
			••			DO NOT WRITE IN THIS SPACE
						Date Incorporated or Qualifed
						04/18/1996
Principal P	Place of Business	2a, Mailing Address				4. FEI Number Applied For
21		26				65-0743950 Not Applicable
Suite, Apt. #, etc.		Suite, Apt #, etc				5. Certificate of Status Desired \$8.75 Additional Fee Required
22		City & State				
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
23		Zip Country				This corporation owes the current year Intangible
Zip	[25]			,		Personal Property Tax.
24	g. Name and Address of Current	Registered Agent	130			10. Name and Address of New Registered Agent
	g. Hame and Address of Carrent			81	Name	
CUN	ININGHAM, GEORGE		ļ			(D.O. C. H. L. Net Associable)
7480	NW 9TH STREET .			82	Street Add	dress (P.O. Box Number is Not Acceptable)
PLANTATION FL 33317				83		
					 _	OF 7:- Code
				84	City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607 0502	and 607 1508, Florida Statute	es, the at	pove	-named corp	poration submits this statement for the purpose of changing its registered
office or r	egistered agent, or both, in the State of im familiar with, and accept the obligat	if Florida. Such change was ai	uthorized	bv I	the corporati	tion's board of directors. I hereby accept the appointment as registered
_	and accept the obligation	0.10 0.1, 0.001.017 00 110 00 01 110	£	4=		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable INOTE	Registered	Agent	signature require	red when reinstating) ATE
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP	☐ DELETE	11717	ΙLΕ	l	☐ Change ☐ Acdition
NAME	SENA, GERARDO		12 NAME		İ	
STREET ADDRESS	1		13STREET		ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL			14 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	ST	☐ DELETE	Ħ	2 1 TITLE		
NAME	SENA, FRANCESCA			2 2 NAME		j
STREET ADDRESS			l l		ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	☐ DELETE	2 4 CI		r-ZIP	Change Addition
TITLE		C) DECEIG	3 1 711			_ ontinge
NAME			J∠NA DADT		ADDRESS	
STREET ADDRESS			ľ		ADDRESS	
CITY-ST-ZIP		☐ DELETE	34 CI	_	I-ZIP	Change Addition
TITLE		LJ 0000111	4 2 N			J v J
NAME					ADDRESS	
STREET ADDRESS					1	
CITY-ST-ZIP		☐ DELETE	4 4 CF		- 2 117	☐ Change ☐ Addition
NAME		<u></u>	5.2 NA			
STREET ADDRESS			H		ADORESS	
3 I KEET ADDRESS						· · · · · · · · · · · · · · · · · · ·
CITY, ST. 7ID	`}		54 C)		·ZIP	
CITY-ST-ZIP		DELETE	5 4 CY 6 1 TH	TY-S1	.ZfP	☐ Change ☐ Addition
TITLE		DELETE	H	TY-ST	-219	☐ Change ☐ Addition
		[] DELETE	6 1 TII	TY-ST TLE W'E	ADDRESS	☐ Change ☐ 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 changed, or on an attachment with an adgress, with all other like empowered.

SIGNATURE

GENTION PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PROBLEM T 3/15/99 (954) 584-97

R2E034 (11/98)