Applied For

\$8,75 Additional

Fee Required

\$5.00 May Be

Added to Fees

☐ Yes

□ No

Not Applicable

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 # P96000043274

1. Corporation Name

Suite, Apt. #, etc.

City & State

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Zip

RAGE INTERNATIONAL, INC.

ipal Place of Business	Mailing Address
SOUTHWEST 133RD COURT FL 33186	13067 SOUTHWEST 133RD COURT MIAMI FL 33186

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Suite, Apt. #, etc.

City & State

AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134

Name and Address of Current Registered Agent

Country

25

May 10, 1999 8:00 am Secretary of State

05-10-1999 90163 010 ***150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed

05/21/1996 4. FEI Number

65-0668584

5. Certificate of Status Desired

Personal Property Tax.

Street Address (P.O. Box Number is Not Acceptable)

Election Campaign Financing Trust Fund Contribution

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

		84	84 City			85	5 Zip Code			
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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE										
12.	OFFICERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12						
TITLE	PD DELETE	1.1 TITLE		_		Cha	ange	☐ Addition		
NAME	COMMISSIONG, BRENT K	1.2 NAME								
STREET ADDRESS	13067 SOUTHWEST 133RD COURT	1.3 STREET	ADDRESS							
CITY-ST-ZIP	MIAMI FL 33186	1.4 CITY-S	r-ZIP							
TITLE	VSD DELETE	2.1 TITLE				Cha	ange	☐ Addition		
NAME	CASSIMIRE, MARTIN	2.2 NAME						j		
STREET ADDRESS	13067 SOUTHWEST 133RD COURT	2.3 STREET	ADDRESS					 -		
CITY-ST-ZIP	MIAMI FL 33186	2. 4 CITY-S	T-ZIP							
TITLE	VD DELETE	3.1 TITLE	}			Cha	ange	Addition		
NAME	DEFOUR, MIGUEL	3.2 NAME								
STREET ADDRESS	13067 SOUTHWEST 133RD COURT	3.3 STREET	ADDRESS							
CITY-ST-ZIP	MIAMI FL 33186	3.4. CITY-S	T-ZIP		_					
TITLE	VTD DELETE	4.1 TITLE				Cha	ange	☐ Addition		
NAME ` ~	PHIPPS, LARSON	4.2 NAME	-							
STREET ADDRESS	13067 SOUTHWEST 133RD COURT	4.3 STREET	ADDRESS							
CITY-ST-ZIP	MIAMI FL 33186	4.4 CITY-S	r-ZIP							
TITLE	DELETE	5.1 TITLE	ĺ			Ch	ange	☐ Addition		
NAME		5.2 NAME								
STREET ADDRESS		5.3 STREET	ADDRESS							
CITY-ST-ZIP		5.4 CITY-S	Γ-ZIP							
TITLE	☐ DELETE	6.1 TITLE				☐ Chi	ange	Addition		
NAME		6.2 NAME								
STREET ADDRESS		6.3 STREE	ADDRESS					-		
CITY-ST-ZIP		6.4 CITY-S								
14 hereby c	certify that the information supplied with this filing does not qualify for the	ne exempt	on stated in	Section 119.07(3)(i), Florida Statutes	i. I further cert	ify that	the int	ormation		

Country

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indicated on this annual report or supplied who has liming does not quality for the exemption stated in Section 179.07(5)(f). Finited statutes. I forther certify that the finding 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.

LARSON PHIPM