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

FILED May 13, 1999 8:00 am Secretary of State

05-13-1999 90001 014 ***150.00

DOCUMENT # P96 0000 45293				
1. Corporation Name Rhing Acts Total Total	an C			
Rhino Arts International, Inc.				
aug old Dixre Highwa	4			
Principal Place of Business Mailing Address	·	-		
C/O Joseph Fisher C/O Joseph	asher			
Company of the Michigan Company	Lichuxia			
C/O Joseph Fisher C/O Joseph Fisher. 9449 Old Divie Highway G449 Old Divie Highway Miani, FL 33156 Miani, FL 33156		DO NOT WRITE IN THIS SPACE		
9449 Old Divie Highway G449 old D Miani, FL 33156 miami, FL	33156	3. Date Incorporated or Qualifed	5-97	
Principal Place of Business 2a. Mailing Address		4. FEI Number	Apr	plied For
26		65-0670982	Not	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A	
22 27			Fee Rec	<u> </u>
City & State City & State	·	6. Election Campaign Financing Trust Fund Contribution	\$5.00 i	- 1
23 28	Country	This corporation owes the current year in		
	50	Personal Property Tax.		1740
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered	Agent	
	81 Name	Dimon Scuclesa		
	82 Street Addre	ess (P.O. Box Number is Not Acceptable)		
	9449	old Dixie Highway		
	83 C/13 C	Osesh Fisher		
	84 City .	<u> </u>	85 Zip C	ode
202 0200 Ft 11 Out	MICH		<u>- 1133/</u>	50 Societored
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statute: office or registered agent, or both, in the State of Florida. Such change was au	horized by the corporation	oration submits this statement for the purpose of n's board of directors. I hereby accept the appoi	intment as reg	jistered
agent. I am familiar with, and accept the obligations of, Section 607.0505, Flori	ia Statutes.	4.	-21-9	9
SIGNATURE SIGNATURE	Ja Statutes. Ja Statutes. Ja Statutes. Ja Statutes.	when reinstating) DATE	-21-9	9
SIGNATURE SIGNATURE	n	when reinstating) ADDITIONS/CHANGES TO OFFICERS AN	VD DIRECTOR	9
SIGNATURE Signature, types or printed name of registered agent and title if appreciate. (NOTE: If	tegistered Agent signature required		D DIRECTOR □ Change	9
SIGNATURE Signature, types or printed name of registered agent and title if appreciate. (NOTE: FIG. OFFICERS AND DIRECTORS TITLE DELETE	legistered Agent signature required			9 RS IN 12
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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: \(\sigma \)

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-99

705-670-118/

Daytime Phone #

DOE034 (11/08)