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

PROFIT
CORPORATION
ANNUAL REPORT

1998



H ORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000051279 (3)

ROUGH & TOUGH TALENTS, INC.

Mailing Address

1674 MERIDIAN AVENUE SUITE 106 MIAMI BEACH FL 33139

Principal Place of Business

1674 MERIDIAN AVENUE SUITE 106 **FILED**

May 13 1998 8:00am

Secretary of State

MIAMI BEACH	H FL 3 3139	MIAMI BEACH FL 33139		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	Ì
2. Principal Place of Business 2a. Mailing Address			· · · · · · · · · · · · · · · · · · ·	06/14/1996	
<u>├</u>		2a, Mailing Address	. തിപ	4. FE! Number	Applied For
Suite, Apt.	BiBcayne Blvd	26 \$000 BiScoy Suite, Apt. #, etc.	ne Blvd	59-3431094	Not Applicable
22 27		27		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
		City & State		6. Election Campaign Financing	\$5.00 May Be
23 Mian		28 Miami FL	<u> </u>	Trust Fund Contribution	Added to Fees
Zip	Country	Zφ	Country	8. This corporation owes or has paid the cu	rrent year Intangible
24 3313	8 25 USA		30 USA		Yes No
	9. Name and Address of Curren		041 1	10. Name and Address of New Registered	Agent
HELLER & DARRETT CONFORMTE SERVICES				81 Name	
1214 UNIVERSITY DRIVE PLANTATION FL 33322			82 Stree	82 Street Address (P.O. Box Number is Not Acceptable) 83	
			83		
			84 City		85 Zip Code
				FL	. - ,
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					
12.	Signature typicd or printed hame of registered ager OFFICERS AND			re required when reinstating) DATE	ſ
TITLE	D OFFICE NS AIN	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND	Change Addition
NAME	JUDD, ALLISON	பூகம்ம	1.2 NAME	Juda Allison	Change L Adoktori
	1674 MERIDIAN AVE., #106			8000 Biocayne Blud	[3
STREET ADDRESS	MIAMI BEACH FL		1.3 STREET ADDRESS	.,	ļ
CITY-ST-ZIP	MIAMI DEACH CE	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE	Miami, FL 38138	Change Addition
NAME					Change Addition
STREET ADDRESS			2.2 NAME		
		_	2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		☐ Change ☐ Addition
NAME					☐ Change ☐ Addition
STREET ADDRESS			3.2 NAME		
			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4 CITY-ST-ZIP		[] Observed [] Delegation
Ĭ		ריי מניננונ	4.1 TITLE	İ	Change Addition
NAME			4. 2 NAME		
STREET ADORESS			4.3 STREET ADDRESS		
CITY-ST-2IP		COLET	4.4 CITY-ST-ZIP		
TITLE		DELETE	5 1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	20000000000	Change Addition
NAME			6.2 NAME	3 000 0252530 -05/15/980105701	10 N/N
STREET ADDRESS			6.3 STREET ADDRESS	***150.00	. Jr 5///
CITY-ST-ZIP			6.4 CITY - ST- ZIP	***************************************	1 2)

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 suppliemental 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.

A CANADA