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PROFIT CORPORATION ANNUAL REPORT

1998

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FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9700005659 (2)

R.F. INTERNATIONAL EXPORT TRADING, INC.

## FILED May 08 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 14390 SW 142 AVE #D-4 15119 SW 143 PLACE MIAMI FL 33186 MIAMI FL 33186 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/21/1997 2. Principal Place of Business 2a. Mailing Address 13727 SW 152 St. Applied For 13069 SW 122 Ave 65-0723232 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 6. Election Campaign Financing \$5.00 May Be Miami Added to Fees 23 Trust Fund Contribution Country Country 8. This corporation owes or has paid the current year Intangible 25 Personal Property Tax due June 30. 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name FERNANDEZ, ROBERTO 15119 SW 143 PLACE 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33186** 83 84 City Zip Code 85 11. Pursuant to the provisions of Sections 607.050? 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, typod or printed name of registered agent and title it applicable (NCITE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1.1 TITLE NAME FERNANDEZ, ROBERTO **1.2 NAME** 15119 SW 143 PLACE STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33186** CITY-ST-ZIP 14 CITY-ST-ZIP TITLE STD DELETE Change Addition 2.1 TITLE FERNANDEZ, MUNIRA NAME 2.2 NAME STREET ADDRESS 15119 SW 143 PLACE 2.3 STREET ADDRESS **MIAMI FL 33186** CITY-ST-ZIP 2. 4 CITY - ST- ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34, CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. Thereby certify that the information supplied with this filling 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.

SIGNATURE: