

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

FILED

**Apr 29 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P97000009986 (5)
1. Corporation Name
RIN ENTERPRISES, INC.



Principal Place of Business 10855 STACEY LN BOCA RATON FL 33428	Mailing Address 10855 STACEY LN BOCA RATON FL 33428
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 22775 State Rd 7		2a. Mailing Address 26 22231 CRANBROOK Rd		3. Date Incorporated or Qualified 01/27/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0725611	
City & State 22 BOCA RATON, FL		City & State 27 BOCA RATON, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 33428		Country 25 W. Palm Bch		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 29 33428		Country 30 W. Palm Bch		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MASSA, ILDIKO 10855 STACEY LN BOCA RATON FL 33428				10. Name and Address of New Registered Agent			
				81 Name MASSA, ILDIKO			
				82 Street Address (P.O. Box Number is Not Acceptable) 22231 CRANBROOK Rd			
				83			
				84 City BOCA RATON		85 Zip Code FL 33428	

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 *Ilديو Massa* **President** DATE **4/20/98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D MASSA, ILDIKO	1.2 NAME	President
STREET ADDRESS	10855 STACEY LN	1.3 STREET ADDRESS	MASSA, ILDIKO
CITY-ST-ZIP	BOCA RATON FL 33428	1.4 CITY-ST-ZIP	22231 CRANBROOK Rd
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE *Ilديو Massa* **President** **Holas FL 185-550**

CR2E034 (10/97)