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PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000018518 1. Corporation Name R & R (BORDEAUX) IMPORTS, INC.			
Principal Place of Business 3201 W. GRIFFIN ROAD SUITE 204 FT. LAUDERDALE FL 33312-6900		Mailing Address 3201 GRIFFIN ROAD, SUITE 204 FORT LAUDERDALE FL 33312-6900	
2. Principal Place of Business 21 2951 Simms Street Suite, Apt. #, etc. 22 City & State 23 Hollywood, Florida Zip Country 24 33020-1510 25 USA		2a. Mailing Address 26 2951 Simms Street Suite, Apt. #, etc. 27 City & State 28 Hollywood, Florida Zip Country 29 33020-1510 30 USA	
9. Name and Address of Current Registered Agent MADYCZ, EDWARD L 3201 W GRIFFIN RD STE 204 FT LAUD FL 33312		10. Name and Address of New Registered Agent 81 Name C. Michael Fisher 82 Street Address (P.O. Box Number is Not Acceptable) 2951 Simms Street 83 84 City Hollywood 85 Zip Code FL 33020	
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: <i>C. Michael Fisher</i> C. Michael Fisher 4-19-99 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS TITLE SD <input checked="" type="checkbox"/> DELETE NAME MADYCZ, E L STREET ADDRESS 1800 BABERRY DR CITY-STATE-ZIP PEMBROKE PINES FL 33024 TITLE PD <input checked="" type="checkbox"/> DELETE NAME LOUCHET, REGIS STREET ADDRESS 1809 TAYLOR STREET CITY-STATE-ZIP HOLLYWOOD FL 33020 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Pres, Director 1.2 NAME David W. Kohl 1.3 STREET ADDRESS 1911 Sable Palm #208 1.4 CITY-STATE-ZIP Ft. Lauderdale, FL 33324 2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Sec., Director 2.2 NAME C. Michael Fisher 2.3 STREET ADDRESS 1717 Jerymn Lane 2.4 CITY-STATE-ZIP VA Beach, VA 23454 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-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, with all other like empowered

SIGNATURE: *David Kohl* **David Kohl** **4-19-99** (954) 924-0047
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)