

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P-97000063676(5)**
 1. Corporation Name

TUPACK RHEA INC

Principal Place of Business
8796 SW 8th St
MIAMI, FL 33174

Mailing Address
8796 SW 8th St
MIAMI, FL 33174

FILED
98 DEC 28 PM 3:39

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/22/97	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0780217	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RHEA, TUPACK
8796 SW 8th ST
MIAMI, FL 33174

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

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

Signature, typed or printed name, and title of agent as applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TUPACK RHEA	1.2 NAME	
STREET ADDRESS	13391-F SW 91 TR	1.3 STREET ADDRESS	300002730153--7
CITY-ST-ZIP	MIAMI, FL 33186	1.4 CITY-ST-ZIP	-01/05/99--01036--015
TITLE	PRESIDENT <input type="checkbox"/> DELETE	2.1 TITLE	***150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TUPACK RHEA TREASURER	2.2 NAME	
STREET ADDRESS	13391-F SW 91 TR	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33186	2.4 CITY-ST-ZIP	
TITLE	PRESIDENT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AURORA RHEA	3.2 NAME	
STREET ADDRESS	13391-F SW 91 TR	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33186	3.4 CITY-ST-ZIP	
TITLE	SECRETARY <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSE LUIS MALE	4.2 NAME	
STREET ADDRESS	3400 CORAL WAY #405	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33145	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 officer 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/98)

Tupack Rhea, Inc.

3400 CORAL WAY # 405, MIAMI, FL 33145; PHONE (305) 569 0191; FX (305) 569 0087

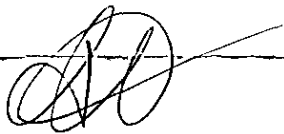
MIAMI, OCTOBER 15th, 1998

Department of State
Division of Corporations
REF: P97000063676 (5)

I'm sorry I did not follow up the filing of this report, I did realize that you did not get my report, when we started to do a "fictitious names" application, so I contacted to your Mr. Shawn in your office.
Please find Attached my new check #2794

Thanks in advance

Sincerely



Tupack Rhea.