

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

FILED

May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000067681 (1)
1. Corporation Name
R.W. BUSINESS CORP.

Principal Place of Business
6520 METROWEST BLVD. 721
ORLANDO FL 32835

Mailing Address
6520 METROWEST BLVD. 721
ORLANDO FL 32835



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6410 METROWEST BLD Suite, Apt. #, etc. 22 STE 1103 City & State 23 ORLANDO FL Zip 24 32835		2a. Mailing Address 26 6410 METROWEST BLD Suite, Apt. #, etc. 27 STE 1103 City & State 28 ORLANDO FL Zip 29 32835		3. Date Incorporated or Qualified 08/05/1997	
				4. FEI Number 59-3461480	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				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 CAVALHEIRO MARTINS, WLADIMIR 6520 METROWEST BLVD. 721 ORLANDO FL 32835				10. Name and Address of New Registered Agent 81 Name CAVALHEIRO MARTINS, WLADIMIR 82 Street Address (P.O. Box Number is Not Acceptable) 6410 METROWEST BLVD SUITE 1103 83 84 City ORLANDO FL 85 Zip Code 32835			
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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]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD.
NAME	CAVALHEIRO MARTINS, WLADIMIR	1.2 NAME	CAVALHEIRO MARTINS, WLADIMIR
STREET ADDRESS	6520 METROWEST BLVD. 721	1.3 STREET ADDRESS	6410 METROWEST BLVD SUITE 1103
CITY-ST-ZIP	ORLANDO FL 32835	1.4 CITY-ST-ZIP	ORLANDO FL 32835
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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: *[Signature]* WLADIMIR CAVALHEIRO MARTINS 04-27-98 (407)2936921

CR2E034 (10/97)