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

2a. Mailing Address

City & State

Zφ

27

28

29

Suite, Apl. #, etc.

PROFIT CORPORATION ANNUAL REPORT

1998

2. Principal Place of Business

Sulte, Apt. #, etc.

City & State

21

22

23

24

Zip



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000070448 (0)

RBG AND ASSOCIATES INTERNATIONAL, INC. Principal Place of Business Mailing Address 4351 CULTRY DRIVE 4351 CULTRY DRIVE **COCONUT GROVE FL 33133** COCONUT GROVE FL 33133

Country

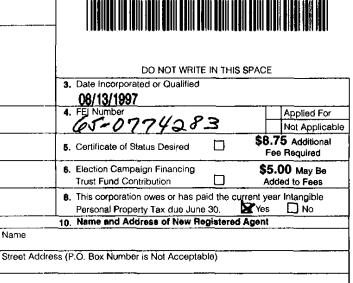
9. Name and Address of Current Registered Agent

25

CORAL SPRINGS FL 33065

WALSH, GERALD V 9500 N.W. 37TH COURT

FILED May 06 1998 8:00am Secretary of State



1/25/08

(20+) 6/2 1066

83 В4 City 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 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 Change Addition DELETE TITLE D 1.1 TITLE **GOMEZ, RAFAEL B** NAME 1.2 NAME 4351 CULTRY DRIVE STREET ADDRESS 1.3 STREET ADDRESS **COCONUT GROVE FL 33133** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change __ Addition TITLE 21 TITLE MIRANDA, JUAN CARLOS NAME 22 NAME 4690 N.W. 102 AVENUE STREET ADDRESS 23 STRIFT ADDRESS **MIAMI FL 33178** CITY-ST-21P -FTY-ST-ZIP DELETE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE TITLE NAME 2 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4 CITY - ST- 7(P TITLE DELETE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - 7IP 14. I hereby certify that the information supplied with this filing does not qualify for t indicated on this annual report or supplemental annual report is true and accuration or the receiver or trustee empowered to exelect 2 or Block 13 if changed, or on an attachment with an address. xemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information not that my signature shall have the same legal effect as if made under oath; that I am an this report as required by Chapter 607, Florida Statutes; and that my name appears in

Country

81 Name

82

30