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**FILED**  
**Apr 13, 1999 8:00 am**  
**Secretary of State**

04-13-1999 90089 013 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P97000084574**  
 1. Corporation Name  
**RIGHTLINE INTERNATIONAL, CORP.**



Principal Place of Business      Mailing Address

~~999 BRICKELL BAY~~      ~~999 BRICKELL BAY~~  
~~SUITE 1214~~      ~~SUITE 1214~~  
 MIAMI FL 33161      MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      2a. Mailing Address

21 10295 COLLINS AVENUE      26 10295 COLLINS AVENUE  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 22 #627-N      27 #627-N  
 City & State      City & State  
 23 BARHARBOR FL,      28 BARHARBOR FL,  
 Zip      Country      Zip      Country  
 24 33154      25 USA      29 33154      30 USA

3. Date Incorporated or Qualified  
**09/30/1997**

4. FEI Number      Applied For  
**65-0784104**      Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required  
     

6. Election Campaign Financing      \$5.00 May Be Added to Fees  
 Trust Fund Contribution     

8. This corporation owes the current year Intangible Personal Property Tax.      Yes  No

9. Name and Address of Current Registered Agent

**DE SOUZA RODRIGUES, MARIA A**  
~~999 BRICKELL BAY~~  
~~SUITE 1214~~  
~~MIAMI FL 33131~~

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**10295 COLLINS AVENUE**  
 83 #627-N  
 84 City      85 Zip Code  
**BARHARBOR FL,      FL      33154**

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)      DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DE SOUZA RODRIGUES, MARIA T</b>	
STREET ADDRESS	<del>999 BRICKELL BAY, STE 1214</del>	
CITY-ST-ZIP	<del>MIAMI FL 33131</del>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>10295 COLLINS AVENUE #627-N</b>
1.4 CITY-ST-ZIP	<b>BARHARBOR FL, 33154</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE: *Maria T. De Souza Rodrigues*      1/26/99      (305) 861-7225  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034-(11/98)