

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

**PROFIT CORPORATION ANNUAL REPORT 1999**



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

**FILED**

99 SEP 10 PM 3:06

**DOCUMENT # P97000085636**

1. Corporation Name  
**ROWLAND GROUP, INC.**

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address  
 C/O LUIS G. BRITO C/O LUIS G. BRITO  
 407 LINCOLN ROAD SUITE 5-B 407 LINCOLN ROAD SUITE 5-B  
 MIAMI BEACH FL 33139 MIAMI BEACH FL 33139

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address  
 21 | **8926 Dickens Ave** Suite, Apt. #, etc  
 22 | City & State **Surfside FL** 27 | City & State  
 23 | Zip **33154** Country 28 | Zip Country  
 24 | 25 | 29 | 30 |

3. Date Incorporated or Qualified  
**10/03/1997**  
 4. FEI Number **65-0789368** Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
 8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent  
**BRITO, LUIS G**  
**407 LINCOLN ROAD**  
**SUITE 5-B**  
**MIAMI BEACH FL 33139**

10. Name and Address of New Registered Agent  
 81 Name **George Brito**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83 **8926 Dickens Ave**  
 84 City **Surfside FL** 85 Zip Code **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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ROWLAND, EDUARDO	
STREET ADDRESS	10201 HAMMOCK BLVD., #153-234	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GARCIA DE DIAZ, SARA	
STREET ADDRESS	540 BRICKELL KEY DR #528	
CITY-ST-ZIP	MIAMI FL 33131	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>8926 Dickens Ave</b>
1.4 CITY-ST-ZIP	<b>Surfside FL 33154</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>8926 Dickens Ave</b>
2.4 CITY-ST-ZIP	<b>Surfside FL 33154</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>8926 Dickens Ave</b>
3.4 CITY-ST-ZIP	<b>Surfside FL 33154</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	<b>000002987650--5</b>
4.4 CITY-ST-ZIP	<b>-09/15/99--01051--019</b>
5.1 TITLE	<b>***150.00</b>
5.2 NAME	<b>***150.00</b>
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: \_\_\_\_\_ Date: \_\_\_\_\_ Day/Time Phone # \_\_\_\_\_

020610

CR2E034 (1/198)

**KE**

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***Brito & Brito Accounting***  
407 Lincoln Road, Suite 5-6  
Miami Beach, FL 33139  
Corporate Accounting and Business Development  
Tel: (305) 534-9292/ Fax: (305) 534-7534

*Division of Corporations  
Annual Reports Filings  
PO Box 1500  
Tallahassee, FL 32302-1500*

*September 1, 1999*

*Ref.: Rowland Group, Inc.  
8926 Dickens Avenue  
Surfside, FL 33152*


*Dear Sir or Madam:*

*Please abate the late penalty fee, as I reside in Mexico and since January of 1999 my heart has failed me six times. I have had triple bypass and finally in August 22, 1999 I managed to travel to Miami.*

*I left my accountant two years in advance payment to renew this report.*

*Thanking you in advance.*

*Sincerely,*

  
*Eduardo Rowland*