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FILED
May 04 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000086662 (8)

1. Corporation Name

PROMOTIONS R' US INC.



Principal Place of Business

5434 W. SAMPLE ROAD, #512
POMPANO BEACH FL 33073

Mailing Address

5434 W. SAMPLE ROAD, #512
POMPANO BEACH FL 33073

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 5434 W. Sample Rd #212		25 5434 W. Sample Road		10/07/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 Pompano Beach, FL		27 #212		65-078 8606	
City & State		City & State		Applied For	
23		28 Pompano Beach, FL		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24 33073		29 33073		8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing	
25 Broward		30 Broward		Trust Fund Contribution	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		8. This corporation owes or has paid the current year Intangible	
DE OLIVEIRA, CLAUDIA V		81 Name De Oliveira Claudia B.		Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
6658 SALTIRE TERRACE		82 Street Address (P.O. Box Number is Not Acceptable)		Added to Fees	
MARGATE FL 33063		83 6658 Saltire Terrace		5.00 May Be	
		84 City Margate		Added to Fees	
		85 Zip Code FL 33063			

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	owner	1.1 TITLE	
NAME	Claudia Oliveira	1.2 NAME	
STREET ADDRESS	6658 Saltire Terrace	1.3 STREET ADDRESS	
CITY-ST-ZIP	Margate, FL 33063	1.4 CITY-ST-ZIP	
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:

Claudia Oliveira 04-08-98 954-9178321

CR2E034 (10/97)