

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	
DOCUMENT # <u>17500008132</u>			
1. Corporation Name <u>RJ TRADING SERVICE CORP</u>			
Principal Place of Business		Mailing Address	
3051 NW 75 AVE MIAMI FL 33122			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business		3. Date Incorporated or Qualified	
21 MIAMI		27 JAN 98	
22 Suite, Apt. #, etc.		4. FEI Number	
23 City & State		#65-0823658	
24 Zip		5. Certificate of Status Desired	
33152		8. This corporation owes the current year Intangible Personal Property Tax	
25 Country		9. Name and Address of Current Registered Agent	
USA		RENEE TOMLINSON 3015 WN 75 AVE MIAMI FL 33122	
26 PO BOX 522190		10. Name and Address of New Registered Agent	
27 Suite, Apt. #, etc.		81 Name	
28 City & State		82 Street Address (P.O. Box Number is Not Acceptable)	
29 Zip		83	
Country		84 City	
		FL 85 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		DATE	
Signature, typed or printed name of registered agent and title if applicable		03-12-99	
(NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE		1.1 TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
2.1 TITLE		2.1 TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
3.1 TITLE		3.1 TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
4.1 TITLE		4.1 TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
5.1 TITLE		5.1 TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
6.1 TITLE		6.1 TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

SIGNATURE:

RENEE TOMLINSON

3-12-99

305 4709655

CR2034 (11/98)