

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**  
**Feb 25, 1999 8:00 am**  
**Secretary of State**

02-25-1999 90020 047 \*\*\*150.00

**DOCUMENT # P98000010842**

1. Corporation Name

**RITE DESIGN & COMMUNICATIONS, INC.**



Principal Place of Business

**200 SOUTH BISCAYNE BLVD. 20TH FLOOR  
MIAMI FL 33131**

Mailing Address

**200 SOUTH BISCAYNE BLVD. 20TH FLOOR  
MIAMI FL 33131**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**02/03/1998**

2. Principal Place of Business

**21 3905 Alton Road**

2a. Mailing Address

**26 3905-Alton Road**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22 City & State  
Miami Beach, FL**

**27 City & State  
Miami Beach, FL**

**23 Zip 33140**

Country

**28 Zip 33140**

Country

4. FEI Number

**65-0823819**

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

**FOX, SPENCER  
200 SOUTH BISCAYNE BLVD. 20TH FLOOR  
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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

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 **D** ☐ DELETE  
NAME **MILLER, CAROLYN R**  
STREET ADDRESS **23 INDIAN CREEK ROAD**  
CITY-ST-ZIP **INDIAN CREEK ISLAND FL 33154**

TITLE **D** ☐ DELETE  
NAME **JUSTO, CARLOS**  
STREET ADDRESS **1627 BRICKELL AVENUE PH-3000Y**  
CITY-ST-ZIP **MIAMI FL 33129**

TITLE **D** ☐ DELETE  
NAME **JACOBSON, ALAN**  
STREET ADDRESS **3600 YACHT CLUB DRIVE UNIT 902**  
CITY-ST-ZIP **MIAMI FL 33180**

TITLE **D** ☐ DELETE  
NAME **GOLDBERG, CAROLYN**  
STREET ADDRESS **2170 NORTH BAY ROAD**  
CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D/P** ☒ Change ☐ Addition  
1.2 NAME **MILLER, CAROLYN R.**  
1.3 STREET ADDRESS **23 Indian Creek Road**  
1.4 CITY-ST-ZIP **Indian Creek Island, FL 33154**

2.1 TITLE **D/V/AS** ☒ Change ☐ Addition  
2.2 NAME **JUSTO, CARLOS**  
2.3 STREET ADDRESS **1627 Brickell Avenue, PH-3000Y**  
2.4 CITY-ST-ZIP **Miami, FL 33129**

3.1 TITLE **D/V** ☒ Change ☐ Addition  
3.2 NAME **JACOBSON, ALAN**  
3.3 STREET ADDRESS **3600 Yacht Club Drive, Unit 902**  
3.4 CITY-ST-ZIP **Miami, FL 33180**

4.1 TITLE **D/T** ☒ Change ☐ Addition  
4.2 NAME **GOLDBERG, CAROLYN**  
4.3 STREET ADDRESS **2170 North Bay Road**  
4.4 CITY-ST-ZIP **Miami Beach, FL 33140**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305)672-6300

Date

Daytime Phone #

CR2E034 (11/98)