

09231999-90008-006-\$150.00-\$150.00

1999.

AMOUNT DUE ON OR BEFORE 08/15/99: \$350 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

05-603

PROFIT CORPORATION ANNUAL REPORT 1999

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT 25 AM 10:14

DOCUMENT # P98000019836 ✓

1. Corporation Name
THE RING LEADERS, INC.



Principal Place of Business Mailing Address
36 N.W. 1ST STREET #901 MIAMI FL 33132 36 N.W. 1ST STREET #901 MIAMI FL 33132

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/03/1998

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Country 29 Zip 30 Country

4. FEI Number
05-0815573 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. Yes No

9. Name and Address of Current Registered Agent

WITHER, EDUARDO
36 N.W. 1ST STREET #901
MIAMI FL 33132

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 607.1506, 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: *Eduardo Wither* (NOTE: Registered Agent signature required when re-registering) DATE:

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | WITHER, EDUARDO | |
| STREET ADDRESS | 36 N.W. 1ST STREET #901 | |
| CITY-ST-ZIP | MIAMI FL 33132 | |
| TITLE | STD | <input type="checkbox"/> DELETE |
| NAME | WITHER, DELIA | |
| STREET ADDRESS | 36 N.W. 1ST STREET #901 | |
| CITY-ST-ZIP | MIAMI FL 33132 | |
| 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 | |
| 1.4 CITY-ST-ZIP | |
| 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 | |

11/12

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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Eduardo Wither*
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (5/99)

Attn: Department of State
From: The Ring Leaders, Inc.
Ref: 1999 Corporation Annual Report

To Whom it May Concern:

This letter has been written to inform the department that the green form for the Corporation Annual Report was not received by The Ring Leaders, Inc. In fact no notice whatsoever was received by this business until the second notice arrived, charging them a 550.00 dollar fee. Neither the company nor the owner's have relocated or moved, so the only thing that can be said here was that the 1999 Corporation Annual Report from for 1999 was simply not sent out the first time and if it was there must have been some type of postal error in the process. Please take these circumstances into consideration and respond with your decision.

Your Cooperation is Greatly Appreciated,

Representative for The Ring Leaders