

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
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90077 046 ***150.00

DOCUMENT # P980000 22307

1. Corporation Name

R & L Business INT'L, Inc.

Principal Place of Business

Mailing Address

45 E. Sheridan Street
Suite C
Danial, FL 33004

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03-10-1998

2. Principal Place of Business

2a. Mailing Address

21 3652 Falcon Ridge Cir

26 3652 Falcon Ridge Circle

4. FEI Number

65-0821052

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

City & State

23 Weston - FL

28 Weston - FL

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip Country

Zip Country

24 33331 25 USA

29 33331 30 USA

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Eduardo Fernandez
501 Buckell Key Dr.
Suite 400
Miami, FL 33131

81 Name

JULIANA Aquilino Franca

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

3961 N. Federal Hwy

83

84 City

Pompano Beach

FL

85 Zip Code

33064

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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

Juliana Aquilino Franca

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/29/99

12. OFFICERS AND DIRECTORS	
TITLE	DA SILVA, ROGERIO <input type="checkbox"/> DELETE
NAME	45 E. Sheridan Street - # C
STREET ADDRESS	Dania, FL 33004
CITY-ST-ZIP	
TITLE	FILHO, IVAN HERMANDO <input type="checkbox"/> DELETE
NAME	45 EAST SHERIDAN STREET SUITE C
STREET ADDRESS	DANIA, FL 33004
CITY-ST-ZIP	
TITLE	DA SILVA LUCIENE <input type="checkbox"/> DELETE
NAME	45 EAST SHERIDAN STREET SUITE C
STREET ADDRESS	DANIA, FL 33004
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	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	DP - DV <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DA SILVA, ROGERIO
1.3 STREET ADDRESS	3652 Falcon Ridge Circle
1.4 CITY-ST-ZIP	Weston, FL 33331
2.1 TITLE	DS <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DA SILVA, LUCIENE
2.3 STREET ADDRESS	3652 Falcon Ridge Circle
2.4 CITY-ST-ZIP	Weston, FL 33331
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	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

DATE

3/29/99

Daytime Phone #

(954) 786-7180

CR2E034 (11/98)