

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

APPROVED
AND
FILED

99 JUL -6 PM 12:25
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

0046380

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000022884
 1. Corporation Name
FLORIDA RAGS, CO.

Principal Place of Business
**6595 NW 36TH ST. SUITE 101B
 MIAMI FL 33166**

Mailing Address
**6595 NW 36TH ST. SUITE 101B
 MIAMI FL 33166**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip
 24 Country

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip
 29 Country

3. Date Incorporated or Qualified
03/11/1998

4. FEI Number
65-0827270

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
**SEGBRE, RICHARDO A
 6595 NW 36TH ST, SUITE 101B
 MIAMI FL 33166**

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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	SEGBRE, RICARDO A	
STREET ADDRESS	6595 NW 36TH ST, SUITE 101B	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SEGBRE, PATRICIA	
STREET ADDRESS	6595 NW 36TH ST, SUITE 101B	
CITY-ST-ZIP	MIAMI FL 33166	
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	400002925614--2
1.4 CITY-ST-ZIP	-07/07/99--01081--011
2.1 TITLE	****150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	400002925614--2
2.4 CITY-ST-ZIP	-07/07/99--01081--012
3.1 TITLE	*****5.00 <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	

Handwritten: 7/7/6

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, on an attachment with an address.

SIGNATURE: _____ DATE: **7-2-99** DAYTIME PHONE: **305-870-9929**

CR2E034 (5/99)

Florida Rags Co..

6595 NW 36 St, Ste. 101B
Miami, Fl. 33166
Voice: 305-870-9929 - Fax: 305-870-0206

July 2nd, 1999

Annual Reports Filings
Division of Corporations
P.O. Box 6327
Tallahassee, Fl 32314

Attn: Dannielle C.
Ref: Request for Fee Waiver

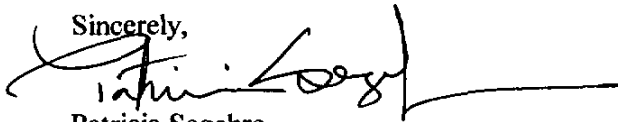
Dear Sirs:

As per my conversation with Ms. Dannielle of your office, please be advised this is the First Notice for filing the 1999 Corporation Annual Report received at our office on 7/1/99. Therefore, we respectfully request a Fee Waiver.

Enclosed for your records please find original 1999 report signed and dated with our check# 1052 in the amount of \$150.00 to cover the regular fee and a check for \$5.00 for the Election Campaign Financing Trust Fund Contribution.

Should you have any questions, please do not hesitate to contact the undersigned. Our office will be closed from 7/5/99 to 7/27/99. However, you can contact our accounting office at: Tax Management Services, Attn. Mrs. Socorro Prado or Evelyn Chaponick, Tel. 305-470-7504.

Sincerely,



Patricia Segebre
V.P.

/ps

cc: Tax Management