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Secretary of State

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DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **P98000038045**

1. Corporation Name
RIGHTEOUS PATH ENTERPRISES, INC.

Principal Place of Business: 9506 NW 7 TH AVE MIAMI, FL 33150
 Mailing Address: 9506 NW 7 TH AVE MIAMI, FL 33150

3. Date Incorporated or Qualified: **04/24/1998**

4. FEI Number: **65-0846673** 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

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25

2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
SALVADOR, QUADRI AYO
 9506 NW 7 TH AVE
 MIAMI, FL 33150

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 file if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE: DELETE
 NAME: **D SALVADOR, QUADRI AYO**
 STREET ADDRESS: 9506 NW 7 TH AVE
 CITY-ST-ZIP: MIAMI, FL 33150

TITLE: DELETE
 NAME: **SECRETARY SALVADOR ABUBAKR I**
 STREET ADDRESS: 9506 NW 7 TH AVE
 CITY-ST-ZIP: MIAMI, FL 33150

TITLE: DELETE
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

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: Change Addition
 1.2 NAME: _____
 1.3 STREET ADDRESS: _____
 1.4 CITY-ST-ZIP: _____

2.1 TITLE: Change Addition
 2.2 NAME: _____
 2.3 STREET ADDRESS: _____
 2.4 CITY-ST-ZIP: _____

3.1 TITLE: Change Addition
 3.2 NAME: _____
 3.3 STREET ADDRESS: _____
 3.4 CITY-ST-ZIP: _____

4.1 TITLE: Change Addition
 4.2 NAME: _____
 4.3 STREET ADDRESS: _____
 4.4 CITY-ST-ZIP: _____

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: **QUADRI AYO SALVADOR** *[Signature]* (305) 624 7960
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

1009510

CR2E034 (1/98)