

~~FILE NO. FILING FEE \$61.25~~

AMENDED PROFIT CORPORATION ANNUAL REPORT <b>1999</b> \$61.25	 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000047986

1. Corporation Name

The Right Stuff Now, Inc.

Principal Place of Business  
P.O. Box 832033  
Miami, FL 33283

Mailing Address  
5700 SW 127 Ave. #1415  
Miami, FL 33183

FILED  
99 AUG 12 PM 1:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05-28-98

2. Principal Place of Business

21 P.O. Box 832033

Suite, Apt. #, etc.

22

City & State

23 Miami, Florida

Zip

24 33283

Country

25 USA

2a. Mailing Address

26 5700 SW 127 Ave.

Suite, Apt. #, etc.

27 #1415

City & State

28 Miami, Florida

Zip

29 33183

Country

30 USA

4. FEI Number

65-0843710

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

10. Name and Address of New Registered Agent

Sheila Otero  
5700 SW 127 Ave., #1415  
Miami, FL 33183

81 Name

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

100002964271--6

83 -08/19/99--01039--012

84 City \*\*\*\*\*61.25 \*\*\*\*\*61.25  
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 ☐ DELETE

TITLE Director  
NAME Sheila Otero  
STREET ADDRESS 5700 SW 127 Ave., #1415  
CITY-ST-ZIP Miami, FL 33183

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 Vice-President  
2.3 STREET ADDRESS Miguel A. Otero  
2.4 CITY-ST-ZIP 5700 SW 127 Ave., #1415  
Miami, FL 33183

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

SP

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: Sheila Otero Sheila Otero

August 3, 1999 305-668-2027

CR2E034 (1/98)