

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90026 044 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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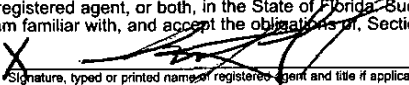
DOCUMENT # P98000059092

1. Corporation Name
RVA NETWORK SOLUTIONS INC.



Principal Place of Business 4320 N.W. 79TH AVENUE SUITE 1-H MIAMI FL 33166	Mailing Address 4320 N.W. 79TH AVENUE SUITE 1-H MIAMI FL 33166
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2471 W. 65 ST. Suite, Apt. #, etc. 22		2a. Mailing Address 26 2471 W. 65 ST. Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified 07/01/1998	
23 HIALEAH, FL City & State 24 33016 Zip		28 HIALEAH City & State 29 33016 Zip		4. FEI Number 65-0856539	
25 U.S.A. Country		30 U.S.A. Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent FIGUEIRA, ZULIMAR 4320 N.W. 79TH AVENUE SUITE 1-H MIAMI FL 33166		10. Name and Address of New Registered Agent 81 Name RAFAEL VELASQUEZ 82 Street Address (P.O. Box Number is Not Acceptable) 2471 W. 65 ST. 83 84 City HIALEAH FL 85 Zip Code 33016			
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 X  DATE 4/14/99 (NOTE: Registered Agent signature required when reinstating)					

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	P/S/D RAFAEL VELASQUEZ
STREET ADDRESS		1.3 STREET ADDRESS	2471 W. 65 ST.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	HIALEAH, FL 33016
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: X  RAFAEL VELASQUEZ 4/14/99 (305) 819-568
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR25034 (11/98)