


FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90022 012 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000065251

1. Corporation Name
DRT INTERNATIONAL CONSOLIDATION, INCORPORATED

Principal Place of Business 7762 N.W. 72ND AVENUE MEDLEY FL 33168	Mailing Address 7762 N.W. 72ND AVENUE MEDLEY FL 33168
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/24/1998	
21		26		4. FEI Number APPLIED FOR	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Zip		Country			
24		25		29	
Country		Country		30	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
FALLA, DESMOND 18465 S.W. 88TH COURT MIAMI FL 33157		FL	
81 Name		85 Zip Code	
82 Street Address (P.O. Box Number is Not Acceptable)			
83			
84 City			

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FALLA, MARIE	1.2 NAME	
STREET ADDRESS	18465 S.W. 88TH COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33157	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FALLA, DESMOND	2.2 NAME	
STREET ADDRESS	18465 S.W. 88TH COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33157	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, MARIA	3.2 NAME	
STREET ADDRESS	2075 S.W. 122 AVENUE #218	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33175	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ, DAILON	4.2 NAME	
STREET ADDRESS	2055 S.W. 122 AVENUE #302	4.3 STREET ADDRESS	4131 W. 107th AVE
CITY-ST-ZIP	MIAMI FL 33175	4.4 CITY-ST-ZIP	MIAMI, FL 33012
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DECARO, JOSEPH JR.	5.2 NAME	
STREET ADDRESS	15294 S.W. 104 ST. #1037	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33196	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 information.

SIGNATURE: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)