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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P98000085843**

1. Corporation Name

R&R ENTERTAINMENT GROUP, INC.

Principal Place of Business

20424 N.E. 16TH PLACE NORTH MIAMI BEACH FL 33179 Mailing Address

20424 N.E. 16TH PLACE NORTH MIAMI BEACH FL 33179

## **FILED** May 04, 1999 8:00 am Secretary of State 05-04-1999 90187 007 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

NAME NAME STREET ADDRESS  CITY-ST-ZIP NORTH MIAMI BEACH FL 33179  TITLE  NAME STREET ADDRESS  CITY-ST-ZIP NORTH MIAMI BEACH FL 33179  DELETE  1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP  DAJIC, FC 333344  TITLE  2.2 NAME 2.3 STREET ADDRESS CITY-ST-ZIP NORTH MIAMI BEACH FL 33179  DELETE 2.2 NAME 2.3 STREET ADDRESS CITY-ST-ZIP NORTH MIAMI BEACH FL 33179  2.4 CITY-ST-ZIP DAJIC, FC 333344	e s
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.	e s
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.	e s
Trust Fund Contribution Added to Fee  Zip Country Zip B. This corporation owes the current year intangyfic Personal Property Tax. Zip No. 29 33 3 4 30 USA Sirveet Address of New Registered Agent  BARBER, RICHARD A 13831 S.W. 59TH STREET, SUITE 207  MIAMI FL 33183  BARBER, RICHARD A 13831 S.W. 59TH STREET, SUITE 207  MIAMI FL 33183  BA 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 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 register 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 rerestating)  D CATE TO THE D D DELETE 1.1 TITLE  D D D DELETE 1.1 TITLE  D D D DELETE 1.1 TITLE  D D D DELETE 2.1 TITLE  D D DELETE 2.1 TITLE  D D D DELETE 3.1 TITLE  D D DELETE 3.1 TITLE  D D DELETE 3.1 TITLE  D Change D Change  CITY-ST-ZIP NORTH MIAMI BEACH FL 33179  TITLE  D DELETE 3.1 TITLE  D DELETE 3.1 TITLE  D Change D Change	ered
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BARBER, RICHARD A 13831 S.W. 59TH STREET, SUITE 207 MIAMI FL 33183  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 regist 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 register agent, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, byte or printed name of registered agent and 5the if applicable. (NOTE: Registered Agent Egnature required when remarkating)  12. OFFICERS AND DIRECTORS  TITLE  D D DELETE  1.1 TITLE  D ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 13 STREET ADDRESS  20424 N.E. 16TH PLACE  NORTH MIAMI BEACH FL 33179  DELETE  D DELETE  1.2 NAME  RINDONE, MICHELE M  22 YAME  22 YAME  23 STREET ADDRESS  FL 333344  Change  Change  Change  Change  Change  Change  Change  Change	ered d
BARBER, RICHARD A 13831 S.W. 59TH STREET, SUITE 207 MIAMI FL 33183  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 register 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, it am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE  D  ORIGINATE  12. NAME  RICCI, AGNES C  12. NAME  RICCI, AGNES C  12. NAME  RICCI, AGNES C  13. STREET ADDRESS  20424 N.E. 16TH PLACE  13. STREET ADDRESS  13. STREET ADDRESS  9 13. STREET ADD	ered d
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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 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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes.	

indicated on this annual report or supplemental annual report is due and accurate and that my signature shall have the same legal effect as it made under oam, 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: