

NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Sep 15, 1999 8:00 am
Secretary of State
 09-15-1999 90003 018 ***550.00

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



DOCUMENT # **P98000090973**
 Corporation Name
RF MARKETING INTERNATIONAL, INC.



Principal Place of Business
**1150 98TH STREET, SUITE 5
 BAY HARBOR ISLAND FL 33154**

Mailing Address
**1150 98TH STREET, SUITE 5
 BAY HARBOR ISLAND FL 33154**

DO NOT WRITE IN THIS SPACE

Principal Place of Business	2a. Mailing Address
26	26
Suite, Apt. #, etc.	27
27	27
City & State	28
28	28
Country	29
29	29
Country	30
30	30

3. Date Incorporated or Qualified 10/26/1998	
4. FEI Number 65-0873713	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

SIFUENTES, CARLOS
1150 98TH STREET, SUITE 5
BAY HARBOR ISLAND FL 33154

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

I, the undersigned, in accordance with 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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
ADDRESS P	DP SIFUENTES, CARLOS 1150 98TH STREET, SUITE 5 BAY HARBOR ISLAND FL 33154 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS P	<input type="checkbox"/> DELETE	1.2 NAME	
ADDRESS P	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	
ADDRESS P	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	
ADDRESS P	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS P	<input type="checkbox"/> DELETE	2.2 NAME	
ADDRESS P	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	
ADDRESS P	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	
ADDRESS P	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS P	<input type="checkbox"/> DELETE	3.2 NAME	
ADDRESS P	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
ADDRESS P	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
ADDRESS P	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS P	<input type="checkbox"/> DELETE	4.2 NAME	
ADDRESS P	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
ADDRESS P	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
ADDRESS P	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS P	<input type="checkbox"/> DELETE	5.2 NAME	
ADDRESS P	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
ADDRESS P	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
ADDRESS P	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS P	<input type="checkbox"/> DELETE	6.2 NAME	
ADDRESS P	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	
ADDRESS P	<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP	

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 stated 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 on block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: **09-08-99** (305) 864-4322

CR2E034 (5/99)