


**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90069 019 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P98000106088**

1. Corporation Name

**RIGHT TIME GROUP, INC.**

Principal Place of Business	Mailing Address
6262 BIRD ROAD MIAMI FL 33155	6262 BIRD ROAD MIAMI FL 33155

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 6262 Bird Road		26 6262 Bird Road		12/22/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 Suite 2A		27 Suite 2A		65-0883229	
City & State		City & State		Applied For	
23 Miami, Florida		28 Miami, Florida		Not Applicable	
Zip Country		Zip Country		5. Certificate of Status Desired	
24 33155 USA		29 33155 USA		. <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing	
				Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		8. This corporation owes the current year Intangible Personal Property Tax.	
RUBIN, ALLEN				<input type="checkbox"/> Yes <input type="checkbox"/> No	
6262 BIRD ROAD					
MIAMI FL 33155					

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

11. Pursuant to the provisions of Sections 607.0602 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



(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAMSON, CHAN	1.2 NAME	LIAN JIN YOU
STREET ADDRESS	6262 BIRD ROAD	1.3 STREET ADDRESS	6262 BIRD ROAD
CITY-ST-ZIP	MIAMI FL 33155	1.4 CITY-ST-ZIP	MIAMI, FL. 33155
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WAH, YUE Y	2.2 NAME	LEUNG KIN YAU
STREET ADDRESS	6262 BIRD ROAD	2.3 STREET ADDRESS	6262 BIRD ROAD
CITY-ST-ZIP	MIAMI FL 33155	2.4 CITY-ST-ZIP	MIAMI, FL. 33155
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUBIN, ALLEN	3.2 NAME	CHAN KWAN SHING
STREET ADDRESS	6262 BIRD ROAD	3.3 STREET ADDRESS	6262 BIRD ROAD
CITY-ST-ZIP	MIAMI FL 33155	3.4 CITY-ST-ZIP	MIAMI, FL. 33155
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:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99 305-663-1101

CR2E034 (1/98)