

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

04-26-1999 90069 019 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000106088

1. Corporation Name
RIGHT TIME GROUP, INC.



Principal Place of Business 6262 BIRD ROAD MIAMI FL 33155	Mailing Address 6262 BIRD ROAD MIAMI FL 33155
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DO NOT WRITE IN THIS SPACE

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

9. Name and Address of Current Registered Agent RUBIN, ALLEN 6262 BIRD ROAD MIAMI FL 33155		10. Name and Address of New Registered Agent	
B1 Name		B2 Street Address (P.O. Box Number is Not Acceptable)	
B3		B4 City	
		B5 Zip Code FL	

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 *Allen Rubin* DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE LIAN JIN YOU	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SAMSON, CHAN		1.2 NAME 6262 BIRD ROAD	
STREET ADDRESS 6262 BIRD ROAD		1.3 STREET ADDRESS MIAMI, FL. 33155	
CITY-ST-ZIP MIAMI FL 33155		1.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE LEUNG KIN YAU	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME WAH, YUE Y		2.2 NAME 6262 BIRD ROAD	
STREET ADDRESS 6262 BIRD ROAD		2.3 STREET ADDRESS MIAMI, FL. 33155	
CITY-ST-ZIP MIAMI FL 33155		2.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE CHAN KWAN SHING	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME RUBIN, ALLEN		3.2 NAME 6262 BIRD ROAD	
STREET ADDRESS 6262 BIRD ROAD		3.3 STREET ADDRESS MIAMI, FL. 33155	
CITY-ST-ZIP MIAMI FL 33155		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: *Allen Rubin* **REQUIRED** DATE: 4/20/99 DAYTIME PHONE #: 305-663-1101

CR2034 (1/98)