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Secretary of State

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0039197

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 714481

1. Corporation Name RIO NUEVO DOCKS, INC.

4000/4 - 90134 - 37

Principal Place of Business 2928 OAK PARK CIRCLE DAVIE FL 33328 US Mailing Address 2928 OAK PARK CIRCLE DAVIE FL 33328 US



2. Principal Place of Business 2a. Mailing Address 3. Date Incorporated or Qualified 04/22/1968 4. FEI Number NOT APPLICABLE 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent REY, LUIS 2928 OAK PARK CIRCLE DAVIE FL 33328 10. Name and Address of New Registered Agent 81 Name 82 Street Address 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE DATE 4/26/99

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	V	1.1 TITLE	
NAME	BROWNING, LAWRENCE	1.2 NAME	
STREET ADDRESS	4050 S.W. 1ST STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	PELTON, ARTHUR	2.2 NAME	
STREET ADDRESS	2221 NW 34 TERRACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL 33066	2.4 CITY-ST-ZIP	
TITLE	TS	3.1 TITLE	
NAME	REY, LOUIS	3.2 NAME	
STREET ADDRESS	2928 OAK PARK CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33328	3.4 CITY-ST-ZIP	
TITLE	P	4.1 TITLE	President ADD
NAME	SURGE, ALEX	4.2 NAME	
STREET ADDRESS	809 SW 9 TERRACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	CARDENAS, ROBERT	5.2 NAME	
STREET ADDRESS	5055 N A1A #806	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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)(l), 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 617, 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 REQUIRED DATE 4/26/99 DAYTIME PHONE #

CR2E037 (11/98)