

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION ANNUAL REPORT 1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morthem  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED AND FILED**

95 MAY 12 AM 11:57

**DOCUMENT # 732061**  
1. Corporation Name  
**RIO CRISTAL CONDOMINIUM ASSOCIATION INC.**  
453 SW 2ND ST  
MIAMI FL33130

100001488081  
-05/16/95--01012--012  
\*\*\*\*225.00 \*\*\*\*225.00

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address

3. Date Incorporated or Qualified **03/06/1975** 3a. Date of Last Report **04/15/94**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

4. FEI Number **59-1845564** Applied For 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

6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

**PUPO, FRANCISCO**  
453 SW 2ND ST #307  
MIAMI FL 33130

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

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 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 re-registering)

**12. OFFICERS AND DIRECTORS**

TITLE	V/P/D
NAME	PUPO, ALDO
STREET ADDRESS	453 SW 2ND ST #306
CITY-ST-ZIP	MIAMI FL
TITLE	P/D
NAME	JOSE MANUEL VEGA
STREET ADDRESS	453 SW 2ND ST #107
CITY-ST-ZIP	MIAMI FL
TITLE	D/S/T
NAME	PUPO FRANCISCO
STREET ADDRESS	453 SW 2ND St #307
CITY-ST-ZIP	
TITLE	D
NAME	LOPEZ LESBIA
STREET ADDRESS	453 SW 2ND ST #408
CITY-ST-ZIP	MIAMI FL
TITLE	D
NAME	DIAZ MIREYA
STREET ADDRESS	1895 SW 8TH ST
CITY-ST-ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 recipient of the report required 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:

SIGNATURE: **Francisco Pupo** Secretary of State 5-2-95 (300) 545-3157

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR