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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

RIO CA	MENT # 73206 RISTAL CONDOMINIUM AS					
Principal Place of Business 453 SW 2ND ST MIAM FL 33130		Mailing Address			DI DIBUT BIBIY DIBIT BEDIK BIBIK I	FIELD LOUF
		453 SW 2ND ST STE 107 MIAMI FL 33130		3. Date Incorporated or Qualified 03/06/1975		
9 Principal D	lace of Business	2a. Mailing Address		59-1845564		Applicable
21		26		5. Certificate of Status Desired	☐ \$8.75 Add	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing	\$5.00 Ma	
22		27		Trust Fund Contribution		
City & State	0	City & State		7. Is this nonprofit corporation a hor	meowners association? Yes No	
Zip	Country	26 Zip	Country	8. This corporation owes or has paid	· · · · · · · · · · · · · · · · · · ·	gible
24	25	29	30	Personal Property Tax due June		
	9. Name and Address of Curr	rent Registered Agent		10. Name and Address of New Reg	pistered Agent	
			81 Name PUPO	FRANCISCO .		
VEGA, JOSE M 453 SE 2ND ST		82 Street Add		dress (P.O. Box Number is Not (tocaptable)		
933 SE 2 STE 107			83			
MAMI FL			MIA	MI FLOE	RIDA 331	
***************************************			84 City	•	FL 85 Zip Co	qe
11. Pursuant	to the provisions of Sections 617.0	1502 and 617.1508, Florida Statute	es, the above-named course	corporation submits this statement for the purchasely beard of directors.	urpose of changing its re	egistered
	ogistes of a deit, of boots, at the ote					
agent i a	m familier with and accept the ob-	ligations of, Section 647.0503, Flo	orida Statutes.	pration's board or directors. Thereby accept	11.60	Aistel 60
agent le			edan/d	orporation submits this statement for the puration's board of directors. I hereby accept	4/1/48	Aistelen
4	Signature, typed or pulled name of registered	ANCISCO U O SOCI	orida Statutes. E: Registered Agent signature re		DATE / 98	
SIGNATURE	Signature, typed or pulled name of registered	ANCISCO TO O (NOTE applicable)	E Registered Agent signature re	equired when reinstating!	DATE ERS AND DIRECTORS I	IN 12
SIGNATURE	Signeture, typed or pulled name of registered OFFICERS A VPD PUPO, ALDO	ANCISCO TO O (NOTE AND DIRECTORS	E. Registered Agent signature re	equired when reinstating!	DATE ERS AND DIRECTORS I	IN 12
SIGNATURE	Signature, typed or pulled name of registered OFFICERS A VPD PUPO, ALDO 453 SW 2ND ST #306	ANCISCO TO O (NOTE AND DIRECTORS	E: Registated Agent signature re 13. 1.1 TITLE	equired when reinstating!	DATE ERS AND DIRECTORS I	IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-SI-ZIP	Signature, typed or pulsed name of registered OFFICERS A VPD PUPO, ALDO 453 SW 2ND ST #306 MIAMI FL	aponi and trie if applicable (NOTE AND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	aquired when reinstating! ADDITIONS/CHANGES TO OFFICE	DATE ERS AND DIRECTORS I	IN 12
SIGNATURE 12. IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	VPD PUPO, ALDO 453 SW 2ND ST #306 MIAMI FL PD	ANCISCO TO O (NOTE AND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	aquired when reinstating ADDITIONS/CHANGES TO OFFICE	DATE ERS AND DIRECTORS I	IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME	VPD PUPO, ALDO 453 SW 2ND ST #306 MIAMI FL PD VEGA, JOSE MANUEL	aponi and trie if applicable (NOTE AND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	ADDITIONS/CHANGES TO OFFICE P/D RENFRO DAVID LEE	DATE ERS AND DIRECTORS I	IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS	VPD PUPO, ALDO 453 SW 2ND ST #306 MIAMI FL PD VEGA, JOSE MANUEL 453 S.W. 2ND ST. #107	aponi and trie if applicable (NOTE AND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	P/D RENFRO DAVID LEE 453 S.W. 2ND ST. #205	DATE ERS AND DIRECTORS I	IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME	VPD PUPO, ALDO 453 SW 2ND ST #306 MIAMI FL PD VEGA, JOSE MANUEL	aponi and trie if applicable (NOTE AND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	ADDITIONS/CHANGES TO OFFICE P/D RENFRO DAVID LEE	DATE ERS AND DIRECTORS I Change [IN 12 Addition Addition
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	VPD PUPO, ALDO 453 SW 2ND ST #306 MIAMI FL PD VEGA, JOSE MANUEL 453 S.W. 2ND ST. #107 MIAMI FL D LOPEZ, LESBIA 453 S.W. 2ND ST. #408 MIAMI FL D	agent and title If applicable (NOTE AND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE	P/D RENFRO DAVID LEE 453 S.W. 2ND ST. #205 MIAMI FL. 33130	DATE ERS AND DIRECTORS I Change [Change [IN 12 Addition Addition
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Secretary of State