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FILED  
Feb 28 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **K32151** (8)  
1. Corporation Name  
**RIO BAMBA INVESTMENTS, INC.**



Principal Place of Business: **25400 SW 139 AVE  
P O BOX 4282  
PRINCETON FL 33092  
US**

Mailing Address: **PO BOX 824282  
HOMESTEAD FL 33082-4282  
US**

3. Date Incorporated or Qualified: **08/31/1988**      3a. Date of Last Report: **02/14/1996**

4. FEI Number: **98-0020056**      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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25

2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent  
**LIEBMAN, J. DAVID  
3226 PONCE DE LEON BLVD.  
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent  
81 Name: **SHARON S. JONES**  
82 Street Address (P.O. Box Number is Not Acceptable):  
83 **3226 Ponce de Leon Blvd**  
84 City: **Coral Gables** FL 85 Zip Code: **33134**

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: *[Signature]* DATE: **2-12-97**

12. OFFICERS AND DIRECTORS

TITLE	<b>VST</b>	<input type="checkbox"/> DELETE
NAME	<b>CRAWFORD, GALE S.</b>	
STREET ADDRESS	<b>PO BOX 824282 N/A</b>	
CITY - ST - ZIP	<b>HOMESTEAD FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>PRICE, C.W.</b>	
STREET ADDRESS	<b>PO BOX 824282 N/A</b>	
CITY - ST - ZIP	<b>HOMESTEAD FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
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 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.

SIGNATURE: *[Signature]* DATE: **2/29/97** DAYTIME PHONE: **305 258-0742**

CR2E034 (9/96)