SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 6/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 13 AM 9:02

DOCUMENT # **P16287** **(5)**

1. Corporation Name
RIA TELECOMMUNICATIONS, INC.

Principal Place of Business	Mailing Address
575 LEXINGTON AVENUE 30TH FLOOR NEW YORK NY 10022 US	575 LEXINGTON AVENUE 30TH FLOOR NEW YORK NY 10022 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/07/1987
3a. Date of Last Report: 07/13/1994
4. FEI Number: 22-2829900 ☐ 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
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPD	11 TITLE	☐ Change ☒ Addition C
NAME	SANTALLA, JESUS PEREZ	12 NAME	Irving Barr
STREET ADDRESS	575 LEXINGTON AVENUE	13 STREET ADDRESS	575 Lexington Ave., 30th Fl.
CITY ST ZIP	NEW YORK NY	14 CITY ST ZIP	New York, NY 10022
TITLE	D	21 TITLE	☐ Change ☒ Addition D
NAME	BARBERO, RUBEN	22 NAME	Fred V. Kunik
STREET ADDRESS	575 LEXINGTON AVENUE	23 STREET ADDRESS	575 Lexington Ave., 30th Fl.
CITY ST ZIP	NEW YORK NY	24 CITY ST ZIP	New York, NY 10022
TITLE	S	31 TITLE	☒ Change ☐ Addition P
NAME	DE CHAVEZ, CLARA	32 NAME	Carlos Rivera
STREET ADDRESS	575 LEXINGTON AVENUE	33 STREET ADDRESS	575 Lexington Ave., 30th Fl.
CITY ST ZIP	NEW YORK NY	34 CITY ST ZIP	New York, NY 10022
TITLE	T	41 TITLE	☐ Change ☒ Addition T
NAME	RIVERA, CARLOS	42 NAME	Maria Melo
STREET ADDRESS	575 LEXINGTON AVENUE	43 STREET ADDRESS	575 Lexington Ave., 30th Fl.
CITY ST ZIP	NEW YORK NY	44 CITY ST ZIP	New York, NY 10022
TITLE		51 TITLE	☐ Change ☒ Addition S
NAME		52 NAME	Alexandra D'Acosta
STREET ADDRESS		53 STREET ADDRESS	575 Lexington Ave., 30th Fl.
CITY ST ZIP		54 CITY ST ZIP	New York, NY 10022
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E034 (3/95)

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)(k), 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: Carlos Rivera **Carlos Rivera, President** **6/6/95** **212-754-1750**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0121050 FP