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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STAT

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998 DOCUMENT # P93000051322 (4)

FILED Jan 16 1998 8:00am Secretary of State

	RIA'S ARMOIRE, INC.				ĺ				
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Principal Plac	ce of Business	Mailing Address			ļ		-,,, -,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	., .,	
	DE LEON BLVD.	4077 PONCE DE LEON			}				
CORAL GABLES FL 33146 CORAL GABLES FL 33146						DO NOT WRITE	E IN THIS S	SPACE	
					-	3. Date incorporated or Qualified			
						07/16/1993			
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number		Ar	plied For
21		26				65-0392219		No	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75		
City & State		City 2 State						equired	
23		City & State			6. Election Campaign Financing		\$5.00		
Zip	Country	Zip	Cou	ntry	 -	Trust Fund Contribution		Added	
24	25	29	30	, tu y		 This corporation owes or has per Personal Property Tax due June 			angible No
24	9. Name and Address of Current					10. Name and Address of New Re			
FL	JENTES, EDUARDO S			81 Name					
	77 PONCE DE LEON BLVD.			82 Street	t Adduses	/D.O. Day Number is Not Assente	<u> </u>		
1	ORAL GABLES FL 33146			oz Street	t Address	(P.O. Box Number is Not Acceptal	Die)	-	
				83					
ļ				84 City				or i Zin i	
				O4 City			FL	85 Zip i	Code
11. Pursuant	to the provisions of Sections 607,0502	2 and 607.1508, Florida Stat	utes, the at	ove-name	d corpora	tion submits this statement for the	purpose of	changing it	s registered
agent. I a	to the provisions of Sections 607.0502 registered agent, or both, in the State am familiar with, and accept the obliga	ations of Section 607.0505,	s authorizet Florida Stat	utes.	rporation	s board or directors, i hereby acce	bt tue app	oiniment as	registered
SIGNATURE									
	Signature, typed or printed name of registered ager			Agent signalu	re required wi	hen reinstating)	DATE		
12.	OFFICERS AND	D DIRECTORS DELETE	13.	16		ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR Change	S IN 12 Addition
TITLE NAME	FUENTES, EDUARDO S	[] Office	1.1 Til					- Charige	□ Nantaon
STREET ADDRESS	4077 PONCE DE LEON BLVD.		1,2 NA	MAIC	ł				
SINCELADORESS		_	4 2 CT	DECT ADDRESS					ľ
CITY OF 710	CORAL GABLES EL 33146	•		REET ADDRESS					
CITY - ST - ZIP	CORAL GABLES FL 33146		1,4 CI	TY-ST-ZIP				Change	Addition
TITLÉ	D		1,4 CI	TY-ST-ZIP TLE				Change	Addition
TITLE NAME	<u> </u>	DELETE	1.4 CI 2.1 TII 2.2 NA	ry-st-zip Le Me		• .		Change	Addition
TITLE NAME STREET ADORESS	D FUENTES, ANNA E	DELETE	1.4 CF 2.1 TF 2.2 NA 2.3 ST	ry-st-zip Tle Ime Reet address		· .		☐ Change	Addition
TITLE NAME	D FUENTES, ANNA E 4077 PONCE DE LEON BLVD.	DELETE	1.4 CF 2.1 TF 2.2 NA 2.3 ST	TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP		· .	•.	☐ Change	Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP	D FUENTES, ANNA E 4077 PONCE DE LEON BLVD.	☐ DELETE	1.4 CF 2.1 TF 2.2 NA 2.3 ST 2.4 CF	TY-ST-ZIP TLE IME REET ADORESS TY-ST-ZIP		· .			
TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE	D FUENTES, ANNA E 4077 PONCE DE LEON BLVD.	☐ DELETE	1,4 Cf 2,1 Tf 2,2 NA 2,3 ST 2,4 Cf 3,1 Tff 3,2 NA	TY-ST-ZIP TLE IME REET ADORESS TY-ST-ZIP			٠.		
TITLE NAME STREET ADORESS CITY - ST - ZIP TITLE NAME	D FUENTES, ANNA E 4077 PONCE DE LEON BLVD.	DELETE	1,4 CIT 2,1 TIT 2,2 NA 2,3 ST 2,4 CI 3,1 TIT 3,2 NA 3,3 ST	TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME		· .	·.	Change	Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS	D FUENTES, ANNA E 4077 PONCE DE LEON BLVD.	☐ DELETE	1,4 CIT 2,1 TIT 2,2 NA 2,3 ST 2,4 CI 3,1 TIT 3,2 NA 3,3 ST	TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP		· .			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FUENTES, ANNA E 4077 PONCE DE LEON BLVD.	DELETE	1.4 CI ² 2.1 TII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.8 ST 3.4 CI 4.1 TII 4. 2 NA	TY-ST-ZIP TLE MME REET ADDRESS TY-ST-ZIP TLE MME REET ADDRESS TY-ST-ZIP LE LE MME REET ADDRESS TY-ST-ZIP LE		· .		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D FUENTES, ANNA E 4077 PONCE DE LEON BLVD.	DELETE	1.4 CI ² 2.1 TII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.8 ST 3.4 CI 4.1 TII 4. 2 NA	TY-ST-ZIP TLE MME REET ADDRESS TY-ST-ZIP TLE MME REET ADDRESS TY-ST-ZIP TLE		· .		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	D FUENTES, ANNA E 4077 PONCE DE LEON BLVD.	DELETE	1.4 CF 2.1 TM 2.2 NA 2.3 ST 2.4 CG 3.1 TM 3.2 NA 3.8 ST 3.4. CG 4.1 TM 4.2 NA 4.3 ST 4.4 CF	TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE AME REET ADDRESS TY-ST-ZIP LE REET ADDRESS		• .		☐ Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D FUENTES, ANNA E 4077 PONCE DE LEON BLVD.	DELETE	1.4 CF 2.1 TM 2.2 NA 2.3 ST 2.4 CF 3.1 TM 3.2 NA 3.3 ST 3.4. CF 4.1 TM 4.2 NA 4.3 ST 4.4 CF 5.1 TM	TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE MME REET ADDRESS TY-ST-ZIP LE REET ADDRESS TY-ST-ZIP LE		• .		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D FUENTES, ANNA E 4077 PONCE DE LEON BLVD.	DELETE	1.4 CF 2.1 TII 2.2 NA 2.3 ST 2.4 CF 3.1 TII 3.2 NA 3.8 ST 3.4. CF 4.1 TII 4. 2 NA 4.3 ST 4.4 CF 5.1 TII 5.2 NA	TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE AME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME		•		☐ Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	D FUENTES, ANNA E 4077 PONCE DE LEON BLVD.	DELETE	1.4 CF 2.1 TII 2.2 NA 2.3 ST 2.4 CF 3.1 TII 3.2 NA 3.8 ST 3.4. CF 4.1 TII 4. 2 NA 4.3 ST 4.4 CF 5.1 TII 5.2 NA 5.3 ST	TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE AME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS				☐ Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FUENTES, ANNA E 4077 PONCE DE LEON BLVD.	DELETE DELETE DELETE	1.4 CF 2.1 TF 2.2 NA 2.3 ST 2.4 CF 3.1 TF 3.2 NA 3.8 ST 3.4. CF 4.1 TF 4.2 NV 4.3 ST 4.4 CF 5.1 TF 5.2 NA 5.3 ST 5.4 CF	TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE AME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS				☐ Change ☐ Change ☐ Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE	D FUENTES, ANNA E 4077 PONCE DE LEON BLVD.	DELETE	1.4 CF 2.1 TII 2.2 NA 2.3 ST 2.4 CF 3.1 TII 3.2 NA 3.3 ST 3.4. CF 4.1 TII 5.2 NA 5.3 ST 5.1 TII 5.2 NA 5.3 ST 6.1 TII	TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE AME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS				☐ Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D FUENTES, ANNA E 4077 PONCE DE LEON BLVD.	DELETE DELETE DELETE	1.4 CF 2.1 TII 2.2 NA 2.3 ST 2.4 CF 3.1 TII 3.2 NA 3.3 ST 4.4 CF 5.1 TII 5.2 NA 5.3 ST 6.1 TII 6.2 NA	TY-ST-ZIP LE ME REET ADDRESS				☐ Change ☐ Change ☐ Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE	D FUENTES, ANNA E 4077 PONCE DE LEON BLVD.	DELETE DELETE DELETE	1.4 CF 2.1 TII 2.2 NA 2.3 ST 2.4 CF 3.1 TII 3.2 NA 3.3 ST 4.4 CF 5.1 TII 5.2 NA 5.3 ST 6.1 TII 6.2 NA 6.3 ST	TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE AME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS			•••	☐ Change ☐ Change ☐ Change	Addition Addition

4. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(1). 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:

ICHATONE REQUIRED

JAN 57 1998