## **FILED** /ILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** Mar 19 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P97000017417 (1) RILEY FINANCIAL GROUP CORPORATION Principal Place of Business Mailing Address 20070 NW 83RD CT 20070 NW 83RD CT MIAMI FL 33015 MIAMI FL 33015 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/24/1997 2a. Mailing Address 2. Principal Place of Business FEI Number Applied For 26 9485 SUNSET DRIVE **4 6**5 - 073*0*169 21 9485 SUNSET DRIVE Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired R-170 Swith A-170 SWITE Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing MIAMI MINM FL Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible 30 MINNI DADE 25 Minmi-DADE 29 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent RILEY, ANNE ANNE Kiley 20070 NW 83RD CT Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33015 R**3 A-170 SUITE R4 Zip Code 33173 MIAMI 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. ANNE RILEY - REG. ALEUT & PRESIDENT **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE m/P/S Change **Addition** TITLE 1.1 TITLE ANNE RILEY 1.2 NAME NAME 9485 SUNSET DRUE 1.3 STREET ADDRESS STREET ADDRESS MIDMI, PL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition TITLE 21 Tille NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP ☐ Change \_\_\_ Addition DELETE 3 1 TITLE TITLE

14. I 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 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.

3.2 NAME

41 TITLE

4 2 NAME

5.1 TITLE

5.2 NAME

61 TITLE

6.2 NAME 6.3 STREET ADDRESS

3.3 STREET ADDRESS

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3.4. CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

TITLE

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TITLE NAME

STREET ADDRESS

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