

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathiam
Secretary of State
OFFICE OF CORPORATIONS

**APPROVED
AND
FILED**

DOCUMENT # **S81331** (8)
R.Y.D. ENTERPRISES, INC.

95 MAY -1 AM 9:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Principal Place of Business		28. Mailing Address	
20855 NE 16TH AVE. SUITE C-12 N. MIAMI BCH. FL 33179 US		20855 NE 16TH AVE. SUITE C-12 N. MIAMI BCH. FL 33179 US	
2. Principal Place of Business	26. Mailing Address	4. FEI Number	3a. Date of Last Report
21. State Apt # etc.	27. State Apt # etc.	65-0289104	09/17/1991
22. City & State	28. City & State	5. Certificate of Status Desired	3b. Date of Last Report
23. City	29. City	<input type="checkbox"/> \$8.75 Additional Fee Required	05/12/1994
24. State	30. State	6. Elective Campaign Finance and Top Level Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent

DAMMYER, DANIEL L
5975 W. SUNRISE BLVD. *sta 216*
~~690 WASHINGTON AVENUE~~
SUNRISE FL 33317

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of the Florida Franchise and Investment Law, Florida Statutes, the above named corporation hereby certifies this statement for the purpose of changing its registered office or registered agent or both in the State of Florida. The change was authorized by the corporation's board of directors and hereby accepted the appointment as registered agent. I am aware with and accept the obligations of the Franchise and Investment Law, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

NAME	P S
NAME	DAGAN, RONEN
Street Address	19501 NE 19 AVE
City	NORTH MIAMI FL
STATE	
NAME	
Street Address	
City	
STATE	
NAME	
Street Address	
City	
STATE	
NAME	
Street Address	
City	
STATE	

13. NEW OFFICERS AND DIRECTORS

NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Add New
Street Address			
City			
STATE			
NAME			
Street Address			
City			
STATE			
NAME			
Street Address			
City			
STATE			
NAME			
Street Address			
City			
STATE			

14. I, the undersigned, certify that the information reported with this filing is true and correct, and that I am duly qualified to act as a registered agent for the corporation. I am aware with and accept the obligations of the Franchise and Investment Law, Florida Statutes.

SIGNATURE: *Dagan Ronen*

5/1/95