FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

FILED
May 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # V73020 (2)

1. Corporation Name
RYMCA CORPORATION

Principal Place of Business	Mailing Address
6704 NORTHWEST 72ND AVENUE MIAMI FL 33166 US	6704 NORTHWEST 72ND AVENUE MIAMI FL 33166 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/20/1992

2. Principal Place of Business	2a. Mailing Address
21 248 NW. Lejeune Rd.	26 248 NW. Lejeune Rd.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc 27
City & State 23 Miami, FL.	City & State 28 Miami, FL.
Zip 24 33126 Country 25 Dade	Zip 29 33126 Country 30 Dade

4. FEI Number: 65-0366207 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MUNOZ, MARIA T. ~~6704 NORTHWEST 72ND AVENUE~~ ~~MIAMI FL 33166~~ 248 NW. Lejeune Rd. Miami, FL. 33126	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	PTD	☐ DELETE	1.1 TITLE	PTD	☐ Change ☐ Addition
NAME	MUNOZ, ROQUE JR	Address Change	1.2 NAME	MUNOZ, ROQUE JR.	
STREET ADDRESS	~~6720 NW 72ND AVE~~	Only	1.3 STREET ADDRESS	248 NW. Lejeune Rd	
CITY-ST-ZIP	~~MIAMI FL 33166~~		1.4 CITY-ST-ZIP	Miami FL. 33126	
TITLE	VSD	☐ DELETE	2.1 TITLE	VSD	☐ Change ☐ Addition
NAME	MUNOZ, MARIA T	Address Change	2.2 NAME	MUNOZ, MARIA T.	
STREET ADDRESS	~~6720 NW 72ND AVE~~	Only	2.3 STREET ADDRESS	248 NW. Lejeune Rd.	
CITY-ST-ZIP	~~MIAMI FL 33166~~		2.4 CITY-ST-ZIP	Miami, FL. 33126	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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 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: _____ 4441-6922
Roque Munoz Jr. 4-26-98 (305)

CR2E034 (10/97)