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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

•	1996	DIVISION OF				
DOCUN 1. Corporation	MENT # 37940	5 (4)				
RIO PA	ALENQUE, INC.					
1110 17	SECTION INTO				I IDDIAN INIII BEDIA IDDII DIANI BI	H a i ahn ann an a
		A A TOTAL A A A A A A A A A A A A A A A A A A				
Principal Place of Business		Mailing Address			1,100,000,000,000,000,000,000,000,000,0	
12246 SW 131 AVE Miami Fl 33186		12246 SW 131 AVE MIAMI FL 33186				
MIMMI FL 33	0100	MIMMI FL 33100			Date Incorporated or Qualified	3a. Date of Last Report
					03/25/1971	04/19/1995
2. Principa! Pla	ce of Business	2a. Mailing Address			4, FEI Number	Applied For
21		26		59-1371331	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
City & State		City & State			6. Election Campaign Financing	Fee Required
23		28			Trust Fund Contribution	□ \$5.00 May Be Added to Fees
Zip	Country	Zip	Countr	y	8. This corporation has liability for	
24	25 Address of Common	29	[30]			s 🗍 No
	9. Name and Address of Curren	t Hegistered Agent	81	Name	10. Name and Address of New	Hegistered Agent
DIOL E	·40. 0					
RICH, EARL R 12246 SW 131 AVE			82	Street	Address (P.O. Box Number is Not Accepta	Die)
	FL 33186		83			
1110 4111 1			84	City		85 Zip Code
or registere	ed agent, or both, in the State of Floric	ia. Such change was authorize	is, the above- ed by the con	named co poration's	proparation submits this statement for the purboard of directors. I hereby accept the app	urpose of changing its registered offic pointment as registered agent. I am
familiar with	h, and accept the obligations of, Secti	on 607.0505, Florida Statutes.				
SIGNATURE _	Signature, typed or printed name of registered agent	and title if applicable (NO	TE: Registered Age	int signature r	aquired when reinstating!	DATE
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12
TITLE	D					Change Addition
NAME OFFICE ADERES	HARRISON, JOHN A		1.2 NAME			
STREET ADDRESS CITY-ST-ZIP	1500 NW 48TH TER GAINESVILLE, FL 32605		1.3 STREE 1.4 CiTy -	I ADDRESS		
TITLE	D DELETE		2 1 THE			Change Addition
NAME	DODSON, CALAWAY H		2 2 NAME			7
STREET ADDRESS	3210 OLD OAK DRIVE		2 3 STREE	T ADDRESS	1102 Ben Franklin	or #106
CITY - ST - ZIP	SARASOTA, FL 00000	FL 00000		ST-ZIP	Sarasota, FL 33	1577
TITLE	TD	☐ DELETE	3. 1 TITLE		1102 Ben Franklin Sarasota, FL 33	* Change Addition
NAME CLUST LANDROSCO	RICH, EARL R		3 2 NAME			
STREET ADDRESS	6830 SW 48 TERR MIAMI, FL 00000		3.3. STRE	ET ADDRESS		
CITY-ST-ZIP TITLE	_	D DELETE 4.				Change Addition
NAME	GREENFIELD, LEONARD J		4.2 NAME			
STREET ADDRESS	6721 SW 69 TER			1 ADDRESS		
CITY - ST - ZIP	MIAMI FL		4.4 C/TY-			
THILE		DELETE	5 1 TITLE			Change Addition
NAME			5 2 NAME			
STREET ADDRESS				1 ADDRESS		
CITY - ST - ZIP TITLE		DELETE	5 4 CITY - 6 1 TITLE			Change Addition
NAME			6 2 NAME			_ • _ •
STREET ADDRESS				T AODRESS		
CITY-ST-ZIP			64 CITY-		<u> </u>	
14. I do hereby	y certify that the information supplied with information indicated on this appli	with this filing is voluntarily furn	ished and do	es not que	alify for the exemption stated in Section 11: ocurate and that my signature shall have th	9.07(3)(k), Florida Statutes. I further

cert y that the information indicated on this armiae report or supplemental armost report is true and accurate and that my signature shall have the same legal effect as it flade under oath; that I am an officer or director of the corporation or the receiver or true empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 for Block 12 or Block 12 for any attachment with an address. EARL R. RICH 4/17/96 GOS)284 3813

SIGNATURE: