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

**PROFIT** Mar 03 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT #
1. Corporation Name 414181 (8)RECIO AND ASSOCIATES, INC. Principal Place of Business Mailing Address 8053 NW 64 ST 8053 NW 64 ST MIAMI FL 33166 MIAMI FL 33166 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 12/06/1972 2. Principal Place of Business 2a. Mailing Address FÉI Number Applied For 26 59-1435286 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes 24 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent **B**1 Name **RECIO, RICARDO** 8053 NW 64 ST Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33166** 83 84 Zip Code systems of Sections 667.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent of both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered with and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. TITLE DELETE 1.1 TITLE Change ☐ Addition NAME RICARDO B. RECIO 1.2 NAME 6950 GRANADA BLVD. STREET ADORESS 1.3 STREET ADDRESS **CORAL GABLES FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition Change TITLE 2.1 TITLE **ADMA I. RECIO** NAME 2.2 NAME 6950 GRANADA BLVD. STREET ADDRESS 2.3 STREET ADDRESS **CORAL GABLES FL** CITY-ST-2IP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE **BOFILL, PEDRO L** 3.2 NAME NAME 11220 SW 67TH AVE. STREET ADDRESS 3.3 STREET ADDRESS **MIAMI FL 33174** 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE PITTALUGA, IBIS 4. 2 NAME NAME 10633 SW 129TH PLACE STREET ADDRESS 4.3 STREET ADDRESS MIAMI FL 33186 CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE ■ Addition NAME 5 2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-2IP 5.4 CITY-ST-ZIP DELETE TITLE TITLE ☐ Change Addition NAME IAME TREET ADDRESS STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the indicated on this annual report or supplemental engual report is true and accurate officer or director of the corporation or the receiver a trustee empowered to execu Block 12 or Block 13 if changes, or on an attachment with an address. emption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information d that my signature shall have the same legal effect as if made under oath; that I am an this report as required by Chapter 607, Florida Statutes; and that my name appears in

2/2.2/01

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