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

PROFIT ., CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Feb 02, 1999 8:00am

Secretary of State

02-02-1999 90012 010 ***158.75

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 414181

1. Corporation Name

RECIO AND ASSOCIATES, INC.

	IND AGGOGIATED, ING.					
Principal Place	of Business	Mailing Address				4 11 4 1411 1 44
8053 NW 64 ST	, ,	8053 NW 64 ST	· ·			
MIAMI FL 33166		MIAMI FL 33166		DO NOT WRITE IN I	THE SDACE	
US		US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
				'		
		1	. ;	12/06/1972 4. FEI Number		blied For
2. Principal Pl	ace of Business	2a. Mailing Address				Applicable
21		26		59-1435286	\$8.75 A	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	Fee Red	000
22		City & State		6 Flatin Compiler Financias	\$5.00	·
, City & State	9			6. Election Campaign Financing Trust Fund Contribution	Added to	
23		28 - Zip Zip	Country	8. This corporation owes the current year		~
Zip	Country	⊢ ¬ '		Personal Property Tax.		□No
24	25	29 Parietared Apart	30	10. Name and Address of New Registe		
	9. Name and Address of Current	Registered Agent	81 Name	To. Maine and Address of New Megaste	<u>.</u>	
REC	IO, RICARDO					
	NW 64 ST		82 Street Add	dress (P.O. Box Number is Not Acceptable)		
	MI FL 33166		83	2.5 (2.5 (2.5 (2.5 (2.5 (2.5 (2.5 (2.5 (21 2 94 2 90 Test at	(8) e(8) (85)
MIAN	WI PL 33100		83			
			84 City	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	85 Zip C	ode ""
3000 SA 0 63					FL V	radiotorad
.11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statu • Florida: Such change was	ites, the above-named cor authorized by the corporat	poration submits this statement for the purposition's board of directors. I hereby accept the a	ppointment as reg	jistered
₩ agent. La	m familiar with, and accept the obligati	ons of, Section 607.0505, Flo	orida Statutes.	tion's board of directors. I hereby accept the a		
SIGNATURE						
	Signature, typed or printed name of registered agent		E: Registered Agent signature requir	red when reinstating) DAT ADDITIONS/CHANGES TO OFFICER		DS IN 12
12.	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO	
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CITY-ST-ZIP	6950 GRANADA BLVD.	☐ DELETE	l i			Addition
O111 O1 E4	CORAL GABLES FL		1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		☐ Change	
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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 attactment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS