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

**PROFIT** CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G52809

RIO VILLA PROPERTIES, INC.

(2)

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**FILED** 

Jun 02 1997 8:00am

Secretary of State

Principa: Place of Business  1189 SOUTH PATRICK DRIVE SATELLITE BCH. FL 32937		Mailing Address 1199 SOUTH PATRICK DRIVE SATELLITE BCH. FL 32937-3941			1 INNIELI ONEI MILLA HERON JOHN MONTA IBRE I	IJWIH WIWEL WIWE	<b>8</b> (8)) <b>8</b> (8)	81811 1881
								-
				·	Date Incorporated or Qualified     08/04/1983	3a. Date 05/01		eport
2 Principal F	Piace of Business	2a. Mailing Address			4. FEI Number	00/01/		
21	TOO OF DISTRIBUTE	26			59-2380534		<del></del>	oplied For
Suite, Apt. #, etc.		Suite, Apt #, etc.		00 2000004		<del></del>	ot Applicable Additional	
22	1,77	27			5. Certificate of Status Desired			Additional equir <b>e</b> d
City & Stal	to	City & State			6. Election Campaign Financing			
23		28			Trust Fund Contribution	П		May Be to Fees
Zip	Country	Zip	Country		8. This corporation has liability for i			**** * *******
24	25	29	30			Yes 🔲		. 100.002,
	9. Name and Address of Currer				10. Name and Address of New Re			<del></del>
DiPf	RIMA, JOSEPH		61	Name		····		,
	TORTOISE WAY		-	Chun and Andre	transition of the state of the			
	ELLITE BCH. FL 32937		82	Street Add	lress (P.O. Box Number is Not Acceptab	ie)		
<b>-</b> (1)			83			·* h		
				<u> </u>				
			84	City		FL	<b>85</b> Zip	Code
11 Pursuant	to the provisions of Sections 607.050	2 and 607 1508. Florida Stat	lutes the shoul	e-named cor	novation submits this statement for the n		anging i	e rogietorod
office or	registered agent or both, in the State	of Florida, Such change wa	s authorized b	y the corpora	poration submits this statement for the pation's board of directors. I hereby accep	t the appoir	itment as	registered
agent La	am familiar with, and accept the oblig	ations of, Section 607.0505,	Florida Statute	\$.				-
SIGNATURE				······································				
12.	Signalare, typod or printed name of registered age	ent and title if applicable (N D DIRECTORS		ent signature requ	ired when reinstating)	DATE	IDEATAR	20.11.40
Tilef	DS OFFICERS AIN	DELETE	13.		ADDITIONS/CHANGES TO OFFIC		Change	Addition
NAME	CAUDLE, JIMMIE	L. DECER				L.	) Change	L_ Audilion
	9490 S TROPICAL TRAIL		1.2 NAME					
STEET ADDRESS				T ADDRESS				
ÇHY+ST+ZIP	MERRITT ISL, FL 00000	T DELETE	1.4 CITY -	ST-ZIP			1 6.	
THILE	1 =		2.1 TITLE			· L	Change	L Addition
NAME	GUARINO, LAWRENCE		2.2 NAME					
STREET ADDRESS	620 KENWOOD COURT		2.3 STREE	T ADDRESS .				
CHY-ST-7IP	SATELLITE BCH, FL 00000		2 4 CITY	ST-ZIP	***************************************		<del></del>	
TITLE	DP	☐ DELETE	3.1 TITLE	'			Change	Addition
NAME	DIPRIMA, JOSEPH		3.2 NAME					
STREET ADDIRESS	620 TORTOISE WAY		3.3 STREE	T ADDRESS				
City-S1-ZiP	SATELLITE BCH, FL 00000	·	3.4. CITY -	ST-ZIP	<del></del>			
TITLE		DELETE	4.1 TITLE	[			] Change	Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREE	T ADDRESS				
CHY-ST ZIP			4.4 CITY -	ST-ZIP				
TILLE		DELETE	5.1 TITLE				Change	Addition
NAME			5.2 NAME					
STREET ADDRESS				T ADDRESS				
CITY+ST-ZIP			5.4 CITY-					
TITLE		DELETE	6.1 TITLE	v. 44			Change	Addition
NAME		but well	6.2 NAME			<b>L</b>	_ C.mings	
STREET ADORESS	1			T ADDRESS				
				- 1				
CITY ST ZIP	1		6.4 CITY-	31-KP				

14. I do hereby certily 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 attach fight with an address.

SIGNATURE: