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

**PROFIT** FLORIDA DEPARTMENT OF STATE Jan 20 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS Secretary of State 1998 DOCUMENT # (4)H93078 RITMO CORPORATION Principal Place of Business Mailing Address 9600 NW 25TH ST 9600 NW 25 ST DO NOT WRITE IN THIS SPACE MAIMI FL 33172 **MAIMI FL 33172** 3. Date Incorporated or Qualified 01/07/1986 2. Principal Place of Business 2a. Mailing Address 4. FE! Number Applied For 21 26 59-2179129 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees 23 Zip Country Zip Country 8. This corporation owes or has paid the current year intangible ☐ Yes Personal Property Tax due June 30. 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name OLMSTEAD, ROSANNE L 2601 S BAYSHORE DR Street Address (P.O. Box Number is Not Acceptable) 16TH FL 83 **MIAMI 33133** 84 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 (NOTE: Registered Agent signature required Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 TITLE MANCIN, MAURICIO NAME 1.2 NAME R2E034 6423 COLLINS AVE #509 STREET ADDRESS 1.3 STREET ADDRESS MIAMI BEACH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE \_\_\_ DELETÉ 2.1 TITLE ☐ Change Addition OLMSTEAD, ROSANNE L. NAME 2.2 NAME 2601 S. BAYSHORE DR 16FL STREET ADDRESS 2.3 STREET ADDRESS COCONUT GROVE FL CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TIT) F 3.1 TITLE MANCIN, PEDRO 3.2 NAME NAME 9600 NW 25 ST 3.3 STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP 3.4. CITY-ST-ZIP T Change DELETE Addition 4.1 TITLE TITLE MOLINA, NESTOR 4. 2 NAME NAME 9600 NW 25 ST STREET ADDRESS 4.3 STREET ADDRESS MIAMI FL 4.4 CITY - ST - ZIP CITY - ST - ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 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.

<u>required</u>

SIGNATURE:

FILED

(305)591-3940

(305)362-5188

01-07-98