PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPART Sandra B. Secretary DIVISION OF CO	MENT OF STATE Mortham of State	FILED Jan 21 1998 8:00am Secretary of State
DOCUMENT # J3- 1. Corporation Name RIGEL INTERAMERICAS, IN	1 253 c.	(4)		
Principal Place of Business 235 CRANWOOD DRIVE MIAMI FL 33149	235 CR	Address ANWOOD DRIVE FL 33149		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
2. Principal Place of Business 21 Suite, Apt. #, etc. 22	26 Suite	ng Address		09/02/1986 Applied For 4. FEI Number Applied For 59-2730261 Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State 23	28 Zip		Country	6. Election Campaign Financing Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
GARCIA-RIBEYRO, GONZAI 235 CRANWOOD DR. MIAMI FL 33149 11. Pursuant to the provisions of Sections office or registered agent, or both, in agent, 1 am familiar with, and accept		08, Florida Statules ch change was au ion 607 0505. Flori	83 City	Address (P.O. Box Number is Not Acceptable) FL 85 Zip Code d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
SIGNATURE Signature, typed or printed name of re		able. (NOTE:		e required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE DP NAME GARCIA-RIBEYRO, GI STREET ADDRESS 235 CRANWOOD DR CITY-ST-ZIP KEY BISCAYNE FL		DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Change Addition
TITLE D NAME GARCIA-RIBEYRO, VI STREET ADDRESS 235 CRANWOOD DR. KEY BISCAYNE FL		M DELETE ETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME ALZOLA, JACQU STREET ADDRESS CITY-ST-ZIP KEY BISCAYNE,	DR.	DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP	SECRETARY L Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELETE	4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELÉTÉ .	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	Change Addition
14. I hereby certify that the information sylindicated on this annual report or odip officer or director of the corporation of Block 12 or Block 13 if changed, or o SIGNATURE:	r the receiver or trustee	embowerea to ex	the exemption state are and that my sign ecute this report as	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information anature shall have the same legal effect as if made under oath; that I am an significant required by Chapter 607, Florida Statutes; and that my name appears in