

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
95 FEB 17 PH 3:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **K32151 (8)**

1. Corporation Name  
**RIO BAMBA INVESTMENTS, INC.**

Principal Place of Business Mailing Address  
**25400 SW 139 AVE P O BOX 4282 PRINCETON FL 33092 US** **25400 SW 139TH AVE P O BOX 4282 HOMESTEAD FL 33092 US**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26  
22 City & State 27 **Suite, Apt. P.O. BOX 924282 HOMESTEAD, FL 33092-4282**  
23 Zip 28 City & State  
24 Country 25 29 Country 30

3. Date Incorporated or Qualified **08/31/1988** 3a. Date of Last Report **03/15/1994**  
4. FEI Number **98-0020056** Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**LIEBMAN, J. DAVID  
3226 PONCE DE LEON BLVD.  
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 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

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent Signature required when reconstituting)

GATE

12. OFFICERS AND DIRECTORS	
TITLE	<b>VST</b>
NAME	<b>CRAWFORD, GALE S.</b>
STREET ADDRESS	<b>25200 S.W. 139 AVENUE</b>
CITY - ST - ZIP	<b>PRINCETON FL</b>
TITLE	<b>PD</b>
NAME	<b>PRICE, C.W.</b>
STREET ADDRESS	<b>25200 S.W. 139 AVENUE</b>
CITY - ST - ZIP	<b>PRINCETON FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>P.O. BOX 924282</b>
1.3 STREET ADDRESS	<b>HOMESTEAD, FL 33092-4282</b>
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>P.O. BOX 924282</b>
2.3 STREET ADDRESS	<b>HOMESTEAD, FL 33092-4282</b>
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 and signed by me in person or directed by the corporation or the person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13, as required, or on an attachment with my address.

SIGNATURE: *Gale S Crawford* 2/13/95 (30) 259-0742  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER ON DIRECTOR