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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 06 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

K66693

(8)

| RIMA GLOBAL, INC.  |   |  |   |                                  |
|--|---|--|---|----------------------------------|
| Principal Place of Business  | Mailing Address   |  | -{  | BIT BIBIT BIBIT BIBIT BIBIT IONS |
| % MARTHA GINSBERG<br>5975 NW 82ND AVE  | % MARTHA GINSBERG<br>5975 NW B2ND AVE<br>MIAMI FL 33166 |  | DO NOT WRITE IN THIS                                | S SPACE                          |
| MIAMI FL 33166   | MIRMI PL 33100  |  | 3. Date Incorporated or Qualified                   | J di AOL                         |
|  |   |  | 02/16/1989  |                                  |
| 2. Principal Place of Business   | 2a. Mailing Address                                     | <del> </del>                                     | 4. FEI Number                                       | Applied For                      |
| 21   | 26  |  | 65-0110136  | Not Applicable                   |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc.                                     |  |   | \$8.75 Additional                |
| 22   | 27  |  | 5. Certificate of Status Desired                    | Fee Required                     |
| City & State   | City & State  |  | 6. Election Campaign Financing                      | \$5.00 May Be                    |
| 23   | 28  |  | Trust Fund Contribution                             | Added to Fees                    |
| Zip Country  | Zip   | Country  | 8. This corporation owes or has paid the co         |                                  |
| 24 25  |   | 30   | Personal Property Tax due June 30.                  | Yes No                           |
| 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  CINICRECA MARTIA 81 Name   |   |  |   |                                  |
| GINSBERG, MARTHA   |   | 14ame  |   |                                  |
| 5975 NW 82ND AVE   |   | 82 Street Addre                                  | t Address (P.O. Box Number is Not Acceptable)       |                                  |
| MIAMI FL 33166   |   | 83   |   |                                  |
|  |   | ["]  |   |                                  |
|  |   | 84 City  | F   | 85 Zip Code                      |
| 11. Pursuant to the provisions of Sections 607 050   | 2 and 607 1508. Florida Statute                         | es the shove-named cornor                        |   |                                  |
| 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 age   | and and tale if applicable AVATE                        | Registered Agent signature require               | ed when reinstalling) DATE                          |                                  |
|  | D DIRECTORS   | 13.  | ADDITIONS/CHANGES TO OFFICERS AN                    | ND DIRECTORS IN 12               |
| TITLE PD   | ☐ DELETE  | 1.1 TITLE  |   | Change Addition                  |
| NAME GINSBERG, MARTHA  |   | 1.2 NAME   |   |                                  |
| STREET ADDRESS 5975 NW 82ND AVE  |   | 1.3 STREET ADDRESS                               |   |                                  |
| CITY-ST-ZIP MIAMI FL   |   | 1.4 CITY-ST-ZIP                                  |   |                                  |
| TITLE  | ☐ DELET <b>E</b>  | 2.1 TITLE  |   | Change Addition                  |
| NAME   |   | 2.2 NAME   |   |                                  |
| STREET ADDRESS   |   | 2.3 STREET ADDRESS                               |   |                                  |
| City-ST-ZIP  |   | 2.4 CITY - ST-ZIP                                |   |                                  |
| TITLE  | DELETE  | 3.1 TITLE  |   | Change Addition                  |
| NAME   |   | 3.2 NAME   |   | ļ                                |
| STREET ADDRESS   |   | 3.3 STREET ADDRESS                               |   |                                  |
| CITY-ST-ZIP  |   | 3.4. CITY-ST-ZIP                                 |   |                                  |
| TITLE  | L_J DELETE  | 4 1 TITLE  |   | Change Addition                  |
| NAME   |   | 4. 2 NAME  |   |                                  |
| STREET ADDRESS   |   | 4.3 STREET ADORESS                               |   |                                  |
| CITY-ST-ZIP  | T oriete  | 4.4 CITY - ST - ZIP                              |   | Change Ladge-                    |
| TITLE  | L) DELETE   | 5.1 TITLE  |   | Change Addition                  |
| NAME   |   | 5.2 NAME   |   |                                  |
| STREET ADDRESS   |   | 5.3 STREET ADDRESS                               |   |                                  |
| CITY-ST-2IP  | ☐ DELETE  | 5.4 CITY- \$T - ZIP<br>6.1 TITLE                 |   | Change Addition                  |
|  | □ vereie  | 1  |   | T Durange T Mornaga              |
| NAME<br>STORET ADDRESS   |   | 6.2 NAME   |   |                                  |
| STREET ADDRESS   |   | 6.3 STREET ADDRESS                               |   |                                  |
| 14. Thereby certify that the information supplied w  | ith this filing does not qualify fo                     | 6.4 CITY-\$T-ZIP<br>or the exemption stated in 5 | Section 119.07(3)(i), Florida Statutes, I further c | pertity that the information     |
| 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 eath; that I am an officer or director of the corporation or the receiver or truttee 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 appearment with an address. |   |  |   |                                  |