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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT	#	K7	43	റെ
4 Compression Name				

1. Corporation	RIME REALTY CORP.					a Sisti s asa Stud S ubil s	12 0 41 810 11 1 0 8 1
Principal Place	e of Business	Mailing Address	 -		- 1 1 00101 111 6 11 1001 1001 1001 1101 1001 1001 1001	י נותום וושוש וותום וותום וו	INDIA DARAH KEDI
10361 SW 13TH	STREET	10361 SW 13TH STREET					•
MIAMI FL 33174		MIAMI FL 33174				V TUE ODAGE	
US		US			DO NOT WRITE II 3. Date Incorporated or Qualified	1 THIS SPACE	
					03/21/1989		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	<u> </u>	polied For
21		26			65-0191125		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	* * * * * * * * * * * * * * * * * * *	Additional equired
City & State	e	· City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added	to Fees
Zip	Country 25	Zip 29 3	Country		This corporation owes the current y Personal Property Tax.	year Intangible Yes	□No
	9 Name and Address of Current		<u>-</u>		10. Name and Address of New Regi	stered Agent	
			81	Name			
	ANOS, TRUXTEN & YOUNGS, P./	4.	82	Street Addre	ess (P.O. Box Number is Not Acceptable))	
	PONCE DE LEON						
	E 600		83				
COR	AL GABLES FL 33134		84	City		FL 85 Zip	Code
		hand COZ 1509. Florido Ctatutos	the above	named corns	oration submits this statement for the purp	nose of changing its	registered
office or r	egistered agent, or both, in the State of	of Florida. Such change was aut	horized by tr	named corpo ne corporation	n's board of directors. I hereby accept the	e appointment as re	gistered
agent. í a	m familiar with, and accept the obligat	ions of, Section 607.0505, Florid	la Statutes.				
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE. R	egistered Agent	signature required	when reinstating)	DATE	
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICE		
TITLE	PCEO	DELETE	1.1 TITLE			☐ Change	Addition
NAME	BUIGAS, ELENA R.		1.2 NAME				ì
STREET ADDRESS	10361 SW 13TH STREET		1.3 STREET A	ADDRESS			ĺ
CITY-ST-ZIP	MIAMI FL 33174		1.4 CITY-ST-	ZIP			
TITLE	VPST	☐ DELETE	2.1 TITLE			☐ Change	Addition
NAME	BUIGAS-CLAVIO, ANA M		22 NAME	B	uiGAS-Clavijo,	Ana H.	J
STREET ADDRESS	10361 SW 13TH STREET		2.3 STREET A	ADDRESS	0 ·		j
CITY-ST-ZIP	MIAMI FL 33174		2.4 CITY-ST	-ZIP		□ Change	Addition
TITLE		☐ DELETE	3.1 TITLE			Ontarigo	[
NAME			3.2 NAME	1000EEE			ļ
STREET ADDRESS			3.3 STREET A	i			i
CITY-ST-ZIP		☐ DELETE	3.4. CITY-ST- 4.1 TITLE	- ZIP		Change	Addition
NAME			4, 2 NAME	}			_
STREET ADDRESS			4.3 STREET A	ADDRESS			j
CITY-ST-ZIP			4.4 CITY-ST-	1			
TITLE		☐ DELETE	51 TITLE			☐ Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS			}
CITY-ST-ZIP			5.4 CITY-ST-	ZIP			
TITLE ;		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME	} .		6.2 NAME	{			1

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 or an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIRED FIGER OR DIRECTOR

FILED

May 06, 1999 8:00 am Secretary of State

05-06-1999 90262 033 ***150.00

CR2E034 (11/98)