2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 12, 2004 8:00 am DOCUMENT # K86642 **Secretary of State** 1. Entity Name 02-12-2004 90027 043 ***150.00 RICAMAR, INC. Mailing Address Principal Place of Business 999 BRICKELL AVENUE 999 BRICKELL AVENUE SUITE 1006 MIAMI FL 33131 **SUITE 1006** MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address SAME 1395 Brickell Ave Suite, Apt. #, etc. CR2E034 (11/03) 430 City & State City & State 4. FEI Number Applied For 65-0249979 F1Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired U.S.A 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STEWART, ROBERT W PA. -- --STEWART, ROBERT W P.A. Street Address (P. B. B. CKELL AVENUE) 999 BRICKELL AVE STE 1006 SUITE 430 **MIAMI FL 33131** City MIAMI 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent 2-9.04 SIGNATURE nt and title if applicable. (NOTE: Registered Agent signature required when rejustation) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 mte ☐ Delete TITLE ☐ Change ☐ Addition SALGADO, RICARDO E NAME NAME AVE. MONTCHOISI 15 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAUSANNE, SWITZERLAND CITY-ST-ZIP TITLE AS ☐ Delete AS Robert W. Stewart XIX Change ☐ Addition STEWART, ROBERT W NAME NAME 999 BRICEKLL AVENUE, SUITE 1006 STREET ADDRESS STREET ADDRESS 1395 Brickell Ave. Ste. 430 Miami, Fl. 33131 CITY-ST-ZIP **MIAMI FL 33131** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other, like empowered.

FILED

W. STIZMART 2.9.04 305.352