File Now. Filing Fee after May 1 is $225.00

CORPORATION ANNUAL REPORT 1993

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 NOV 15 AM 8:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name and Mailing Address of Corporation: DOCUMENT # K68053 (3)

PR02259I2
R.I.N. FINANCIAL, INC.
% JOSE M. GARCIA
PO BOX 521124
MIAMI FL 33152-1124

HWH 23535

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2.

REINSTATEMENT 93-96

FILING FEE $200.00	ANNUAL REPORT $61.25 + $138.75 CORPORATION SUPPLEMENTAL FEE MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

3. Date Incorporated or Qualified 02/23/1989		3a. Date of Last Report 10/09/1992	
4. FEI Number 650263769			Applied For / Not Applicable
5. Certificate of Status Desired	☑	$8.75	
6. Election Campaign Financing Trust Fund Contribution	☐	$5.00 May Be Added to Fees	
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	☐	$138.75 Supplemental Fee Not Required	

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Mailing Address	2a. Principle Place of Business
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

GARCIA, JOSE M.
1555 NW 30TH AVE
MIAMI FL 33125-1931

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

700002011667--2
-11/22/96--01001--004
****836.25 ****827.50

83 City FL / 85 Zip Code / 86 Country

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 _____ DATE 10/30/96
(Registered Agent Accepting Appointment)

12. OFFICERS AND DIRECTORS		13. OFFICERS AND DIRECTORS CHANGES	
1.1 TITLE	D/P	1.1 TITLE	Please advice
1.2 NAME	GARCIA, JOSE M.	1.2 NAME	the total
1.3 ADDRESS	1555 NW 30TH AVE	1.3 ADDRESS	Amount Due
1.4 CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	State of
2.1 TITLE		2.1 TITLE	FLA TO BE
2.2 NAME	700002011667--2	2.2 NAME	11-20-96
2.3 ADDRESS	-11/22/96--01001--004	2.3 ADDRESS	HAVE Corp.
2.4 CITY-ST-ZIP	****836.25 ****836.25	2.4 CITY-ST-ZIP	Active Again.
3.1 TITLE		3.1 TITLE	
3.2 NAME	700002011667--2	3.2 NAME	
3.3 ADDRESS	-11/22/96--01001--005	3.3 ADDRESS	
3.4 CITY-ST-ZIP	****138.75 ****138.75	3.4 CITY-ST-ZIP	
4.1 TITLE		4.1 TITLE	
4.2 NAME		4.2 NAME	
4.3 ADDRESS		4.3 ADDRESS	
4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP	
5.1 TITLE		5.1 TITLE	
5.2 NAME		5.2 NAME	
5.3 ADDRESS		5.3 ADDRESS	
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6.1 TITLE		6.1 TITLE	
6.2 NAME		6.2 NAME	
6.3 ADDRESS		6.3 ADDRESS	
6.4 CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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; I further certify 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12, Block 13 if a change, or on an attachment with an address.

SIGNATURE _____ DATE 11/11/96

Print/Type Name of Signing Officer or Director Jose/Jose M. Garcia Title(s) President Daytime Telephone Number (305) 633-0415

DOCE204 (11/92)