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FILED

Aug 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # L30328

(3)

1. Corporation Name

RIERBA CORPORATION

Principal Place of Business

~~C/O FRANCISCO TAMARCO~~
~~875 MARCO AVENUE~~
~~MIAMI BEACH, FL 33131~~

Mailing Address

~~C/O FRANCISCO TAMARCO~~
~~875 MARCO AVENUE~~
~~MIAMI BEACH, FL 33131~~

C/O Rafael A. Penalver, Jr., C/O Rafael A. Penalver, Jr.

2. Principal Place of Business

21 1101 Brickell Avenue

2a. Mailing Address

25 1101 Brickell Avenue

Suite, Apt. #, etc.

22 Suite 1700

Suite, Apt. #, etc.

27 Suite 1700

City & State

23 Miami, Florida

City & State

28 Miami, Florida

Zip

24 33131

Country

25 U.S.A.

Zip

29 33131

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

~~FRANCISCO TAMARCO~~
~~875 MARCO AVENUE~~
~~MIAMI BEACH, FL 33131~~

3. Date Incorporated or Qualified

11/17/1989

3a. Date of Last Report

03/26/1996

4. FEI Number

65-0203992

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

10. Name and Address of New Registered Agent

81 Name

Rafael A. Penalver, Jr.

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

1101 Brickell Avenue

83

Suite 1700

84 City

Miami,

FL

85 Zip Code

33131

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
DPT
HERNANDEZ, RICARDO
STREET ADDRESS
5001 COLLINS AVE.
CITY-ST-ZIP
MIAMI BEACH FL

TITLE ☐ DELETE

NAME
DVP
ALVAREZ, RICARDO JOSE
STREET ADDRESS
5001 COLLINS AVE.
CITY-ST-ZIP
MIAMI BEACH FL

TITLE ☐ DELETE

NAME
~~SD~~
~~FRANCISCO TAMARCO~~
STREET ADDRESS
~~875 MARCO AVENUE~~
CITY-ST-ZIP
~~MIAMI BEACH FL~~

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
SD
Manuel Guerrero
3.3 STREET ADDRESS
5001 Collins Avenue
3.4 CITY-ST-ZIP
Miami Beach, Fl.

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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, or a person authorized by 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, as applicable, or on the attached list with an address.

CR2E034 (9/96)