

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

15 MAY 23 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L75776** (9)

To: Corporation Name:
RIO TOWERS, INC.

Principal Place of Business: **1699 CORAL WAY / STE - 302 MIAMI FL 33145 US**
Mailing Address: **1699 CORAL WAY / STE - 302 MIAMI FL 33145 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	05/25/1990	05/01/1994
22. State Apt # etc	27. State Apt # etc	4. FEI Number	Applied For / Not Applicable
22	27	65-0234322	
23. City & State	28. City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	<input type="checkbox"/>	
24. City	25. State	29. City	30. State
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

PRIO, MARIA ELENA
ONE BISCAYNE TOWER / STE - 3400
TWO BISCAYNE BLVD
MIAMI FL 33131

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

11. Pursuant to the provisions of Sections 607.0402 and 607.0508, Florida Statutes, the above named corporation submits the 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 hereby authorized to sign this statement on behalf of the corporation.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
1. NAME	TS RODRIGUEZ-TEJERA, ANITA TEJON	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS	1699 CORAL WAY / STE - 302	2. STREET ADDRESS	
3. CITY	MIAMI FL	3. CITY	
4. NAME	PD GORT, WIFREDO	4. NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5. STREET ADDRESS	80 SW 8 STREET / STE - 2120	5. STREET ADDRESS	
6. CITY	MIAMI FL	6. CITY	
7. NAME	VD ALMEIDA, FLORENTINO	7. NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
8. STREET ADDRESS	641 W FLAGLER STREET 3RD FL	8. STREET ADDRESS	
9. CITY	MIAMI FL	9. CITY	
10. NAME		10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY		12. CITY	
13. NAME		13. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. STREET ADDRESS		14. STREET ADDRESS	
15. CITY		15. CITY	
16. NAME		16. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. STREET ADDRESS		17. STREET ADDRESS	
18. CITY		18. CITY	

14. I hereby certify that the information supplied herein is true, correct, timely furnished and does not qualify for the exemption stated in Section 1907.001, Florida Statutes. I further certify that the information included on this annual report is true and accurate and that my signature shall have the same legal effect as made under oath. I am an officer or director of the corporation and the person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of Form 1995-1996, and is accompanied with an address.

SIGNATURE:
SIGNATURE AND TYPING OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ANITA TEJON RODRIGUEZ-TEJERA

5/16/95 (305) 856-2547

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FLORIDA DEPARTMENT OF STATE
Barbara B. Motham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
FILED

MAY 10 1995

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # L77488 (9)
1. Corporation Number
GULF STREAM CONTRACTORS, INC.

Principal Place of Business: **7136 MORNINGS STAR LN NEW PORT RICHEY FL 34652**
Mailing Address: **7136 MORNINGS STAR LN NEW PORT RICHEY FL 34652**

3. Date Incorporated or Qualified: **05/31/1990**
3a. Date of Last Report: **05/11/1994**

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
2b. City & State: **27**
2c. City & State: **28**
2d. City & State: **29**
2e. City & State: **30**

4. FEI Number: **59-3039199**
Applied For: Applied For Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing: **\$5.00 May Be Added to Fees**

7. This corporation has liability by managing tax under 1991 US Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**MAYLER, CYNTHIA
7136 MORNINGS STAR LANE
NEW PORT RICHEY FL 34652**

10. Name and Address of New Registered Agent
81 Name: _____
82 Street Address (P.O. Box Number is Not Acceptable): _____
83 _____
84 City: _____ **FL** 85 Zip Code: _____

11. Pursuant to the provisions of Sections 607.0207 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 Sections 607.0700, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS

12.1 NAME: DP WALKER, CYNTHIA	12.2 STREET ADDRESS: 7242 CLEARLAKE DR. NEW PORT RICHEY FL
12.3 NAME: _____	12.4 STREET ADDRESS: _____
12.5 NAME: _____	12.6 STREET ADDRESS: _____
12.7 NAME: _____	12.8 STREET ADDRESS: _____
12.9 NAME: _____	12.10 STREET ADDRESS: _____
12.11 NAME: _____	12.12 STREET ADDRESS: _____
12.13 NAME: _____	12.14 STREET ADDRESS: _____
12.15 NAME: _____	12.16 STREET ADDRESS: _____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (12)

13.1 NAME: _____	13.2 STREET ADDRESS: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.3 NAME: _____	13.4 STREET ADDRESS: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.5 NAME: _____	13.6 STREET ADDRESS: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.7 NAME: _____	13.8 STREET ADDRESS: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.9 NAME: _____	13.10 STREET ADDRESS: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.11 NAME: _____	13.12 STREET ADDRESS: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 139.001 and 139.002, Florida Statutes. I further certify that the information included 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 registered agent empowered to make this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12, or Block 13 if changed, or on an attached schedule.

SIGNATURE: **CYNTHIA WALKER**
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

5/16/95 813 845-1558