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PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(0)

R.V. BLANCO ASOCIADOS, INC.

FILED Apr 09 1998 8:00am Secretary of State

Principal Pla	ace of Business	Mailing Address	Mailing Address			T I I I I I I I I I I I I I I I I I I I	1 BIBLI BIBLI DIB	II BIBN EID	(I) 4(3) () (63)
% ROBERTO S. BLANCO		% ROBERTO S. BLANCO							
8408 AXELROD ROAD TAMPA FL 33634		TAMPA FL 33634	6408 AXELROD ROAD TAMPA FL 33634			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified		-	
						05/29/1990			
<u>⊢≕</u> .	Place of Business	2a. Mailing Address				4. FEI Number			pplied For
21		26				59-3009706	Not Applicable		
Suite, Ap	it. #, etc	Suite, Apt. #, etc.	_			5. Certificate of Status Desired		·	Additional Required
City & St	ato	Cily & State	City & State			a Flatin Control Figure			
23		28	⊢ ′			6. Election Campaign Financing Trust Fund Contribution			May Be I to Fees
Zip	Country Zip		Country			8. This corporation owes or has pai			
24	25	29 30	30			Personal Property Tax due June 30. Yes No			
g. Name and Address of Current Registered Agent						10. Name and Address of New Re	gistered Ag	ent	
	LANCO, ROBERTO S.		61	Nar	ne				
	108 AXELROD ROAD AMPA FL 33634		B2 Street Addr			ess (P.O. Box Number is Not Acceptab	ıle)		
"	WIFA FL 33034		83	1					
				City	,		FI	85 Zip	Code
office or agent. I SIGNATURE	registered agent, or both, in the 5 am familiar with, and accept the c	itate of Florida, Such change was aut bligations of, Section 607.0505, Florid	horized b da Statute	y the c	corporatio	oration submits this statement for the pon's board of directors. I hereby accept	ot the appoir	nanging i	s registered
		ND DIRECTORS 13.				ADDITIONS/CHANGES TO OFFIC		IRECTO	RS IN 12
TITLE	DP	DELETE	1.1 TITLE					Change	Addition
NAME	ROBERTO S BLANCO		1.2 NAME	.2 NAME					
STREET ADDRESS	6408 AXELROD ROAD		1.3 STREE	1.3 STREET ADDRESS					
CITY-ST-ZIP	TAMPA FL 1.41		1.4 CITY-	ST-ZIP					
TITLE	VP	☐ DELETE	2.1 TOTLE					Change	Addition
NAME	GIOVANNI VIVAR		2.2 NAME						
STREET ADDRESS	TANKA FI		2.3 STREE	T ADDRE	is				
CITY-ST-ZIP	TAMPA FL		2. 4 CITY -	ST-ZIP	\bot			1	
TITLE	}	☐ DELETE	3.1 TITLE				L.] Change	Addition
NAME	J		3.2 NAME						
STREET ADDRESS	?		3.3 STREE		*S				
CITY-ST-ZIP	•	I DELETE	3.4. CITY - 4.1 TITLE	S1-ZIP	+-	8.600.000 (8.600		Change	Addition
NAME		Emp Desett	4.1 THE				<u> </u>	1 minings	L.J Addition
STREET ADDRESS			4.2 NAME						
CITY-ST-ZIP	`				~				
TITLE	 	☐ DELETE	4.4 CITY-:	31- ZIF			Т	Change	Addition
1	1		J 11100		1		L	, J.J. J. J	

14. Thereby 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 on an attachment with an address.

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

DELETE