

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Alderman
Secretary of State
Tallahassee, Florida 32399-0001

APPROVED
AND
FILED

DOCUMENT # M18351

(0)

1. Corporation Name

RIECA EXPORT CORPORATION

DATE: MAY 11 1995

FILED IN THE OFFICE OF THE
CLERK OF THE SUPREME COURT
TALLAHASSEE, FLORIDA

Principal Place of Business

**14677 SW 139 PLACE
MIAMI FL 33186**

Mailing Address

**14677 SW 139 PLACE
MIAMI FL 33186**

EXCEPT WHERE SHOWN OTHERWISE

3. Date incorporated or qualified 07/23/1985 3a. Date of last Report 04/15/1994

4. Filing Number 65-0279220 Applied Fee Not Applicable

5. Certificate of Status (Required) \$8.75 Additional Fee Required

6. Has the corporation changed its principal place of business? \$5.00 May Be Added to Fees

8. Does the corporation have a federal income tax return? Yes [X] No []

2. Principal Place of Business

2a. Mailing Address

21. State of Incorporation

26. State of Mailing

22. Date of Report

27. Date of Report

23. Date of Report

28. Date of Report

24. Date of Report

29. Date of Report

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RIERA, PABLO
14677 SW 139 PLACE
MIAMI FL 33186**

01. Name

02. Street Address (City, State, Zip, and Country, if Not Applicable)

03. City

04. State

FL

05. Zip

11. I, the undersigned, being a resident qualified person, do hereby certify that the foregoing is a true and correct copy of the original and correct copy of the report of the corporation as required by law, and that the same is a true and correct copy of the original and correct copy of the report of the corporation as required by law, and that the same is a true and correct copy of the original and correct copy of the report of the corporation as required by law.

SIGNATURE

[Signature]

4-25-95

12. Name and Address of Current Registered Agent

**P
RIERA, PABLO
14677 SW 139 PLACE
MIAMI FL**

**V
RIERA, MARIA T.
14677 SW 139 PLACE
MIAMI FL**

13. Name and Address of New Registered Agent

01. Name

02. Street Address (City, State, Zip, and Country, if Not Applicable)

03. City

04. State

05. Zip

06. Country

07. Name

08. Street Address (City, State, Zip, and Country, if Not Applicable)

09. City

10. State

11. Zip

12. Country

13. Name

14. Street Address (City, State, Zip, and Country, if Not Applicable)

15. City

16. State

17. Zip

18. Country

19. Name

20. Street Address (City, State, Zip, and Country, if Not Applicable)

21. City

22. State

23. Zip

24. Country

25. Name

26. Street Address (City, State, Zip, and Country, if Not Applicable)

27. City

28. State

29. Zip

30. Country

14. I, the undersigned, being a resident qualified person, do hereby certify that the foregoing is a true and correct copy of the original and correct copy of the report of the corporation as required by law, and that the same is a true and correct copy of the original and correct copy of the report of the corporation as required by law, and that the same is a true and correct copy of the original and correct copy of the report of the corporation as required by law.

SIGNATURE:

[Signature]
Sandra B. Alderman
Secretary of State

4-25-95
(305) 355-5660

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FLORIDA DEPARTMENT OF STATE
Sandra B. Mathan
Tallahassee, Florida
32399-0001

DOCUMENT # **M21300**

(2)

APPROVED
AND
FILED

4/22/95 11:10:48

TALLAHASSEE, FLORIDA

UTMOST INTERIORS, INC.

1. Principal Office Location		2a. Mailing Address		3. Date of Appointment		3a. Date of Last Year of	
7800 S.W. 57 AVE STE. 330-F S. MIAMI FL 33143 US		7800 SW 57 AVE. STE. 330-F S. MIAMI FL 33143 US		10/01/1985		07/28/1994	
2. Principal Office Telephone		2b. Mailing Address		4. FID Number		Approved For	
21		26		59-2578698		Not Applicable	
22		27		5. Date of State Renewal		\$8.75 Additional Fee Required	
23		28		6. Election Campaign Finance and Fund Control Contribution		\$5.00 May Be Added to Fees	
24		29		6. Does corporation have a contract with a professional service provider?		Yes ☐ No ☐	
25		30		7. Date of last annual report		Yes ☐ No ☐	

9. Name and Address of Current Registered Agent

DEFELICE, THOMAS C
11790 SW 89 ST.
MIAMI FL 33186

10. Name and Address of New Registered Agent

01	02	03	04	05
Street	Street Address, P.O. Box, Telephone, Not Applicable			FL

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the above named corporation is a corporation organized under the laws of the State of Florida, and that the above named corporation is a corporation organized under the laws of the State of Florida, and that the above named corporation is a corporation organized under the laws of the State of Florida.

Signature

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS, DIRECTORS, AND SHAREHOLDERS
PT LAUB, FREDERICK D. 7800 SW 57 AVE., STE. 330F S. MIAMI FL VP GRIEVE, JEANETTE A 6661 SW 70 LN. S. MIAMI FL	14. I, the undersigned, being a resident of the State of Florida, do hereby certify that the above named corporation is a corporation organized under the laws of the State of Florida, and that the above named corporation is a corporation organized under the laws of the State of Florida, and that the above named corporation is a corporation organized under the laws of the State of Florida.

SIGNATURE:

Fredrick D. Laub
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

4/25/95 305-668-9522