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

PROFIT CORPORATION ANNUAL REPORT



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

1996

SIGNATURE:

DOCUN 1. Corporation RIO'S		` '			
Principal Place of 1883 NW 71 MIAMI FL 33	TH ST., SUITE 4	Mailing Address 1883 NW 7TH ST., SU MIAMI FL 33125	JITE 4	1 (86) 2011 (0) 0110 0 FING 18711 0100	9 1117 3121F 31811 31011 3193( 5191F 3191) 1091
				3. Date Incorporated or Qualified 06/16/1987	3a. Date of Last Report 04/20/1995
2. Principal Plac	ce of Business	2a. Mailing Address		4. FEI Number 59-2814911	Applied For
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	Not Applicable  \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
<b>Z</b> ip	Country	<b>28</b>	Country	8. This corporation has liability for in	
24	25	29	30	Florida Statutes Yes	No
	9. Name and Address of Curren	Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent
MANDO					
	)MATIS, GEORGE SW 93 ST		82 Street Add	ress (P.O. Box Number is Not Acceptable	3)
	FL 33176		83		
1011/ 1011	12 00170		84 City		<b>85</b> Zip Code
					<b>FL</b>
or registere familiar with	o the provisions of Sections 607.0502 and agent, or both in the State of Floric in, and accept the obligations of, Secti	la. Such change was authorize	s, the above-named corpo d by the corporation's boa	ration submits this statement for the purp ird of directors. I hereby accept the appoi	ose of changing its registered office ntment as registered agent. I am
SIGNATURE	lignature, typed or printed name of registered agent		E: Registered Agent signature require		DATE
<b>12.</b>	OFFICERS AND	DELETE DELETE	13.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12  Change Addition
TITLE NAME	MAVROMATIS, GEORGE	occur	1.2 NAME		
STREET ADDRESS	10711 S.W. 120 STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY - ST - ZIP		
TITLE	V	☐ DELETE	2 1 TITLE		Change Addition
NAME	AMYRADAKIS, ANDRE		2.2 NAME		
STREET ADORESS	10961 S.W. 120 ST.		23 STREET ADDRESS		
CITY-ST-2IP TITLE	MIAMI FL	☐ DELETE	24 CHY-ST-ZIP 3 1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-7IF			34 CiTY-ST-ZIP		
TILE		☐ DELETE	4 1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STHEET ADDRESS		•	4 3 STREET ADDRESS		
CITY-ST-ZIP TITLF		☐ DELETE	4.4 CITY - ST - ZIP 5 1 TITLE		Change Addition
NAME		FT peces	5.2 NAME		<u> </u>
STREET ADDRESS			5.3 STREET ADDRESS		
C+1Y-S1-Z+P			5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6 1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		
CITY-ST-ZIP	continue that the information availant	with this filing is valuated a funci	6.4 CITY-ST-ZIP	for the exemption stated in Section 119.0	17/3\/k\ Florida Statutos I further
certify that	the information indicated on this annu	al report or supplemental annu ration or the receiver or trustee	al report is true and accura empowered to execute the	ate and that my signature shall have the s is report as required by Chapter 607, Flo	ame legal effect as if made under