

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED) MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Division Secretary of State

DOCUMENT # N94000003919 (7)

1. Corporation Name

RIO GARDENS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1699 CORAL WAY
SUITE 302
MIAMI FL 33145

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SUITE 302
MIAMI FL 33145

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/08/1994 3a. Date of Last Report 05/10/1996

4. FEI Number 65-0610682 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business 21 Rio GARDENS Ass. Inc.

Suite, Apt. #, etc. 22 421 S.W. 35th No 16

City & State 23 Miami, FL

Zip 24 33130 Country 25 USA

2a. Mailing Address 26

Suite, Apt. #, etc. 27

City & State 28

Zip 29 Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MURAI, WALD, BIONDO & MORENO, P.A.
25 S.E. 2ND AVE.
SUITE 900
MIAMI FL 33131

81 Name Jose Bonney
82 Street Address (P.O. Box Number is Not Acceptable)
83 421 S.W. 35th No 16
84 City Miami, FL FL 85 Zip Code 33130

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *[Signature]*
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE
NAME ROTHMAN, SANDRA
STREET ADDRESS 1699 CORAL WAY, SUITE 302
CITY-ST-ZIP MIAMI FL 33145

1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME GILBERTO Bonilla
1.3 STREET ADDRESS 421 S.W. 35th No 14
1.4 CITY-ST-ZIP Miami, FL 33130

TITLE D ☒ DELETE
NAME ALMEIDA, FLORENTINO
STREET ADDRESS 1699 CORAL WAY, SUITE 302
CITY-ST-ZIP MIAMI FL 33145

2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME Asia Grant
2.3 STREET ADDRESS 427 S.W. 35th No 17
2.4 CITY-ST-ZIP Miami, FL 33130

TITLE D ☒ DELETE
NAME RODRIGUEZ-TEJERA, ANITA T
STREET ADDRESS 1699 CORAL WAY, SUITE 302
CITY-ST-ZIP MIAMI FL 33145

3.1 TITLE T ☐ Change ☒ Addition
3.2 NAME Jose Bonney
3.3 STREET ADDRESS 421 S.W. 35th No 16
3.4 CITY-ST-ZIP Miami, FL 33130

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 of the corporation or the person or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or both, with an address.

SIGNATURE *[Signature]* SIGNATURE REQUIRED *[Signature]*

FILED
Aug 25 1997 8:00am
Secretary of State



CR2E037 (4/97)