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Jan 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998

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

DOCUMENT # N94000003919 (7)

1. Corporation Name

RIO GARDENS ASSOCIATION, INC.

Principal Place of Business Mailing Address

RIO GARDENS ASSO INC
421 SW 3 ST #16
MIAMI FL 33130
US

1699 CORAL WAY
SUITE 302
MIAMI FL 33145

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 421 SW 3 ST #16

22 City & State

27 #16

23 Zip

Country

28 Miami FL

29 33130

30

9. Name and Address of Current Registered Agent

BONMEY, JOSE
421 SW 3 ST #16
MIAMI FL 33130

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the applicant hereby certifies that the information furnished is true and accurate and that the applicant is the owner of the corporation 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D
BONILLA, GILBERTO
421 SW 3 ST #14
MIAMI FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D
GRANT, ASIA
427 SW 3 ST #17
MIAMI FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

T
BORNEY, JOSEY
421 SW 3 ST #16
MIAMI FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

ADELEA NAVARRO
444 SW 2nd Street #9
Miami, FL.

TITLE NAME STREET ADDRESS CITY-ST-ZIP

GILBERTO VILLAGRAS
459 SW 3 ST #20
Miami, FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

RICARDO PEÑA
436 SW 2nd St #3
MIAMI, FL.

14. I 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 receiver or trustee empowered to execute the report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3. Date Incorporated or Qualified

08/08/1994

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

7. Is this nonprofit corporation a homeowners association?

Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

Yes No

10. Name and Address of New Registered Agent

NAME BORMEY, JOSE
Street Address (P.O. Box Number is Not Acceptable)

City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the applicant hereby certifies that the information furnished is true and accurate and that the applicant is the owner of the corporation 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.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP

1.2 NAME STREET ADDRESS CITY-ST-ZIP

1.3 TITLE NAME STREET ADDRESS CITY-ST-ZIP

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1.15 TITLE NAME STREET ADDRESS CITY-ST-ZIP

1.16 TITLE NAME STREET ADDRESS CITY-ST-ZIP

1.17 TITLE NAME STREET ADDRESS CITY-ST-ZIP

CR2E037 (10/97)

(305) 547-1435
01/15/98