## 2003 NOT-FOR-PROFIT CORPORATION

DOC	UMENT # N94000 RDENS ASSOCIATION, INC.			Secretary of State 01-10-2003 90211 024 ****70.00				
Principal Place of Business RIO GARDENS ASSO INC 421 SW 3 ST #16 MIAMI FL 33130 US		Mailing Address 421 SW 3RD ST 16 MIAMI FL 33130 US				ISI DISIFASIY SEW SAW	( AB(() Så(AB (())) - 2B (-)	118/8 (81) 188
421 S	Place of Business .W. 3 ST. #15 #15	3. Mailing Address 421 S.W. 3 Suite, Apt. #, etc.	ST. #1	5 ,	1 •	CHÉCK HẾRÈ IF N		
	, FLORIDA 33130	Apt.#15 City & State MIAMI, FLOI	RIDA 33	<u>. 1 - 1 - 1 - 1</u> I 30	4. FEI Number 6			Applied For
33130	Country USA	Zip 33130	Country USA		5. Certificate of S	Status Desired	\$8.75 A	Not Applicable dditional red
<del></del>	6. Name and Address of Current F	registered Agent			7. Name and Ad-	dress of New Regis	tered Agent	
BONME	Nam	Glad	lys Chamb	less				
421 SW	'3 ST #16 . ∴ 🛊 🗼	Street Address (		PO Box Number is Not Acceptable) S.W. 3 Street, Apt.#15				
MIAMI F	L 33130			` ` `			<u> </u>	
			City	Miam	i,	<del></del>	FL Zip Co.	de
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURES Signature, typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE								
FILE NOW: FEE IS \$61.25  OFFICERS AND DIRECT		Election Campaign Financing     Trust Fund Contribution.  COBS			Make Check Payable to Florida Department of Sta		to State	
TITLE	P	XX Delete	11,	A	DDITIONS/CHANGI	ES TO OFFICERS AN	ND DIRECTORS IN	
NAME STREET ADDRESS CITY-ST-ZIP	BONILLA, GILBERTO 421 SW 3 ST #14 MIAMI FL	A.A. Delete	NAME STREET ADDRESS CITY-ST-ZIP	Glad 421	ident/Tre ys Chambl S.W. 3 St i, Florid	ess . Apt. #1	☐ Change	CR2E037 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP GRANT, ASIA 427 SW 3 ST #17 MIAMI FL	XX Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice: Anis: 427 S	Presiden La Abreu S.W. 3 St	t reet, Apt	□ Change	Addition S
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BORNEY, JOSEY 421 SW 3 ST #16 MIAMI FL	XX Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Genar 436 S	a Perez	reet, Apt	☐ Change	Addition
TITLE NAME	D _VILLAGRAS, GILBERTO	. Delete	TITLE	Direc	tor	<u> </u>		Addition
STREET ADDRESS CITY-ST-ZIP TITLE	459 SW 3RD ST, #20 MIAMI FL D		STREET ADDRESS CITY-ST-ZIP	459 S Miami	, Florida	reet, Apt	.#20	
NAME STREET ADDRESS CITY-ST-ZIP	PENA, RICARDO 436 SW 2ND ST, #3 MIAMI FL	XX Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Direc Ismae 444 S	tor 1 Vargas	reet Ant	☐ Change	<b>⊠</b> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		., 110110	<u>.                                    </u>	☐ Change	Addition

12. 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 report or supplemental 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

1/6/03 (305) 545-7728