FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT **1998**	FLORIDA DEPARTMENT OF STATE **Sandra B. Mortham** Secretary of State DIVISION OF CORPORATIONS

FILED
Jan 27 1998 8:00am
Secretary of State

DOCUMENT # **P93000024231 (1)**
1. Corporation Name
RIUTEL FLORIDA, INC.

Principal Place of Business	Mailing Address
17875 COLLINS AVE N MIAMI BEACH FL 33160	17875 COLLINS AVE N MIAMI BEACH FL 33160

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/01/1993

2. Principal Place of Business	**2a.** Mailing Address	**4.** FEI Number	Applied For
21	26	65-0402019	Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 *3101 COLLINS AVE*	**5.** Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28 *MIAMI BEACH, FL*	**6.** Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24	Country 25	Zip 29 *33140*	Country 30	**8.** This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	**10.** Name and Address of New Registered Agent
BROWN, GARY L ESQ 20803 BISCAYNE BOULEVARD, SUITE 200 AVENTURA FL 33180	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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		**13.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PT NAME RIU, LUIS JR STREET ADDRESS 17875 COLLINS AVE. CITY-ST-ZIP N. MIAMI BEACH FL 33160	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS *3101 COLLINS AVE* 1.4 CITY-ST-ZIP *MIAMI BEACH, FL 33140*	☒ Change ☐ Addition
TITLE DSVP NAME RIU, CARMEN GUELL STREET ADDRESS 17875 COLLINS AVENUE CITY-ST-ZIP N. MIAMI BEACH FL 33160	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS *3101 COLLINS AVE* 2.4 CITY-ST-ZIP *MIAMI BEACH, FL 33140*	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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 this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ___SIGNATURE REQUIRED___   *1/20/98*

CR2E034 (10/97)