## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

1997		OHI .	DIV		Secretary of State SION OF CORPORATIONS			Secretary of State		
1. Corpor	UMENT ration Name RYER, INC.	# P930	00027	886 (9	9)				<u>                                    </u>	
Principal I	Place of Business		B. Azilia	ng Address						
•				5						
29400 8.W. 179TH AVENUE Homestead Fl. 33030				29400 S.W. 179TH AVENUE HOMESTEAD FL 33030-1865						
								3. Date Incorporated or Qualified 04/12/1993	3a. Date of La 05/01/19	" I
	al Place of Busin	ness	<b>⊢</b> −¬	lailing Address	3			4. FEI Number		Applied For
21	Apt. #, etc.		·· ·	<b>26</b>				65-0444924		Not Applicable
	Apt. #, etc.		├ <del>-</del> -¬	uite, Apr. #. ett	J.			5. Certificate of Status Desired		75 Additional ee Required
22 City &	State		[27]	ity & State				& Fleating Compaign Financing		
23			28		<del></del>			Election Campaign Financing     Trust Fund Contribution	DA Ad	.00 May Be ded to Fees
Zip 24		Country 25	<u> </u>	ф	— — — — — — — — — — — — — — — — — — —	untry		8. This corporation has liability for Florida Statutes	intangible tax und ∃Yes = □ No	ders 199.032.
24	9. Name	and Address of	29 Current Register	ed Agent	30	7		10. Name and Address of New Re		
	COSGROVE, J					81	Name			
		GLER STREET				82	Ctenat A	ddress (P.O. Box Number is Not Acceptal	10)	
MIAMI FL 33130						82 Street A		ватова (m.o., вох мильот із мосядоеркаї	лој	
•		-				83				
						84	City		85	Zip Code
· · · · · · · · · · · · · · · · · · ·							'		FL	·
11. Pursu	ant to the provis	sions of Sections 6	07.0502 and 607 e State of Florida	.1508, Florida 9 Such channe	Statutes the a	above ed by	o-named c	orporation submits this statement for the paration's board of directors. I hereby acce	ourpose of chang	ing its registered
agen	t. I am familiar w	ith, and accept th	e obligations of, S	Section 607.050	05, Florida Sta	iluto	3.	The state of the s	и вто аруховито	n do regiotorea
SIGNATU		For proted name of regis	and a contract to			ranki.			TATE	
12.	Signature, types		RS AND DIRECT		13.		an sapiaicit te	ADDITIONS/CHANGES TO OFFICE		TORS IN 12
TITLE	PSVT			DELET	E 1.1	HILE	T		Cha	· ·-·
NAME		RICHARD			1.21	NAME				
STREET ADDR	ESS 29400 S.	W. 179TH AVEN	NUE		1.3	STREET	ADDRESS			
CITY-ST-ZIP	HOMEST	EAD FL 33030				CHY-9	0 - 209			
TITLE	D			∐} DELET	E 21	TITLE			[_] Cha	inge [] Addition
NAME		RICHARD	u 18	•		NAM:				
STREET ADDR		W. 179TH AVEN	NUE				ADDRESS			
CITY-ST-ZIP	HUMESI	EAD FL 33030		☐ DELET		OTY-:	S1 - ZIP		Cha	enge 🔲 Addition
NAME				E DEFEL		NAME			1 GIR	go [_] Addition
STREET ADDR	NESS						ACORESS			
CITY-ST-ZIP	ſ						31 - ZIP			ĺ
TITLE				DELET		HILE			Cha	ange Addition
NAME					4.2	NAM[				
STREET ADDR	RESS				4.3	STREET	ADDRESS			
CITY-ST-ZIP						(HY- 9	1 216			
TITLE				DELET	E 5.1	TillE		-	Cha	inge 🔲 Addition
NAME					5.2	NAME				
STREET ADDR					5.3	STREET	ADDRESS			
CITY-ST-ZIP				- Cotter		CHY-S	1 - 7/P			2720
TITLE				☐ DELET		HILE			∟_ Cha	ange 🔲 Addition
NAME						NAME				}
STREET ADDR	ESS				6.3 3	STREET	ADDRESS			

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 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 planged, or on an attachment with an address.

305-246-9819

**FILED** 

May 13 1997 8:00am