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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000058699 (8)

RISO INVESTMENTS, CORPORATION

Principal Place of Business

LOURDES SOTO, ESQUIRE 430 WEST PARK DR., APT. NO. 205 MIAMI EL 23172 Mailing Address

LOURDES SOTO, ESQUIRE 430 WEST PARK DR., APT. NO. 205 MIAM, EL 33172-3974

FILED Mar 04 1997 8:00am Secretary of State



MIAMI FL 33172	MIAMI FL 33172-3974							
				3. Date Incorporated or Qualified 08/18/1993 3a. Date of Last Report 03/04/1996				
2. Principal Place of Business	2a. Mailing Address		ICM . A	4. FEI Number			plied For	
	Blux 26 9407 Found	tainbl	an Blud	65-0442474			t Applicable	
Suite, Apt #, etc. 22 apt - 113	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 / Fee Re		
City & State 13 Miani, Flori	City & State	· · · · · · · · · · · · · · · · · · ·		Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
Z _{(D} Country	sa 29 33172 30	Country	a	This corporation has liability for ligtangible tax under s. 199.032, Florida Statutes				
	s of Current Registered Agent	1		10. Name and Address of New R				
SOTO, LOURDES		81	Nagne		_ 			
6780 CORAL WAY			1 440EDE2 38.6					
SUITE 200		82	Street Addre	ess (P.O. Box Number is Not Accepta	auses "	<u> </u>	<i>£13</i>	
MIAMI FL 33155		83		1 1 acontoticosoc	<u> </u>	'/ 	1.0	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		84	City	n, •	PI I	85 Zip (Code	
			M	vam,	FL		3172	
 Pursuant to the provisions of Section office or registered agent, or both. in 	ns 607.0502 and 607.1508, Florida Statutes in the State of Florida Such change was aut the obligations of, Section 607.0505, Florid	, the above thorized by	e-named corporation	oration submits this statement for the	purpose of che appoin	nanging it ntment as	s registered registered	
agent I all familiar with, and accel	the obligations of, Section 607.0505, Florid	da Statutes	S. 1	and of on order of the order	P.		~_g.u.u.uu	
SIGNATURE THEY BO	Donto Realistered	_ CXXX	nt. u	PUBDES 2010	- V	419	+	
See that type is or printed in a wife	regulered agent and title if appl dalle (NOTE: F	lagistered Aye	ni signature required		DATE			
and the same of th	TICERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF				
***************************************	DELETE	1.1 TITLE			_	Change	Addition	
SOTO, MARIA T		1.2 NAMS						
SPRET ADDRESS 13361 SW 2 ST		1.3 STREET	ADDRESS					
DITY: \$1-7/2 MIAMI FL 33184		1.4 CITY-S	T-ZIP					
TILLE	DELETE	2.1 TITLE			L.	J Change	Addition	
NAME		2 2 NAME						
STREET ADDRESS		23 STREET	address					
C(1) - S1 - 7(P)		2.4 CiTY-S	ST-ZIP					
TILLE	☐ DELETE	31 TITLE				Change	Addition	
NAME		3 2 NAME						
STREET ADORESS		3 3 STREET	ADDRESS					
C(1) - S(-) Z(P		3.4 CITY-S	ST-ZIP					
TIME	☐ DELETE	4.1 TITLE				Change	Addition	
NAME		4. 2 NAME						
STREET ADDRESS		4.3 STREET	ADDRESS					
C(1Y - S1 - 74P		4.4 CITY- \$	T - ZIP					
TIBLE	DELETE	5.1 TITLE			<u> </u>	Change	Addition	
NAM		5.2 NAME						
STREET ADDRESS		5.3 STREET	ADDRESS					
City St-7-2		5.4 City-S	T- 2IP					
THE	DELETE	6 1 TITLE				Change	Addition	
NAME		62 NAME						
STREET ADORESS		6.3 STREET	ADDRESS					
\$(1) \(\) \		64 CITY-S						
	ion complied with this files dose not available			in Section 119 07(3)(i) Florida Statut	toe I further c	ertify that	the	

If 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 and cated on this annual report or supplicinental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I are an effect 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15, 1997 Salas A