SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750.)

PROFIT CORPORATION ANNUAL REPORT

1997

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

FILED
97 DEC 30 PM 12:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 97

DO NOT WRITE IN THIS SPACE

DOCUMENT # P93000059944 (7)

1. Corporation Name
RIO PALMAR, INC.

Principal Place of Business	Mailing Address
~~814 PONCE DE LEON BLVD~~ ~~SUITE 506~~ ~~CORAL GABLES FL 33134~~	~~814 PONCE DE LEON BLVD~~ ~~SUITE 506~~ ~~CORAL GABLES FL 33134~~

3. Date Incorporated or Qualified: 08/25/1993
3a. Date of Last Report: 07/02/1996

2. Principal Place of Business	2a. Mailing Address
21	26 150 ALHAMBRA Circle
Suite, Apt. #, etc. 22 SUITE 800	Suite, Apt. #, etc. 27 SUITE 800
City & State 23 CORAL GABLES	City & State 28 CORAL GABLES
Zip 24 33134 Country 25 USA	Zip 29 33134 Country 30 USA

4. FEI Number: 65-0453026 ☐ 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

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
~~ARANGO, JULIO V~~ ~~814 PONCE DE LEON BLVD~~ ~~SUITE 206~~ ~~CORAL GABLES FL 33134~~	81 Name: VERONICA Rodriguez-Dozier 82 Street Address (P.O. Box Number is Not Acceptable): 150 ALHAMBRA Circle SUITE 800 83 84 City: CORAL Gables FL 85 Zip Code: 33134

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	RODRIGUEZ, LUIS		1.2 NAME	
STREET ADDRESS	814 PONCE DE LEON BLVD, STE 506		1.3 STREET ADDRESS	600002391196---3
CITY-ST-ZIP	CORAL GABLES FL		1.4 CITY-ST-ZIP	-01/06/98--01070--010
				****750.00 ****750.00
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	RODRIGUEZ, VERONICA		2.2 NAME	
STREET ADDRESS	814 PONCE DE DELON BLVD., STE 506		2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL		2.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	RODRIGUEZ, JUAN C		3.2 NAME	
STREET ADDRESS	814 PONCE DE LEON BLVD SUITE 206		3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (4/97)

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 changed, or on an attachment with an address.